

Registration Form

Battle Against Hunger - Children's Bike Ride

Saturday, May 16, 2009

Registration Fee is \$5 per rider

_____ Fee Paid

Participant's Name: _____

Age: _____

Address: _____

City, State, Zip: _____

School: _____

Parent/Guardian: _____

Home Phone #: _____ Work #: _____

Cell: # _____

Email Address _____

Person to notify in case of emergency, other than parents.

Name: _____ Relationship _____

Phone # _____

Disclaimer

Battle Against Hunger - Children's Bike Ride

Saturday, May 16, 2009

I hereby give approval for the applicant's participation in the **Battle Against Hunger Children's Bike Ride**, May 16, 2009. I hereby waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the organization of the **Battle Against Hunger Children's Bike Ride** for his/her claim arising out of injury to the named applicant or any member of his/her family who may be participating as a spectator.

- I understand that the bike ride will take place on public roads.
- The event may be cancelled because of weather.
- The rider and his/her parents are responsible for getting pledge monies and information to the **Battle Against Hunger Children's Bike Ride** in a timely manner.
- By enrolling, I grant full and irrevocable consent to release any photographs taken during the program to the **Battle Against Hunger Children's Bike Ride**. I give permission to the **Battle Against Hunger Children's Bike Ride** to use photographs of myself and/or my child for historical archives, educational, and promotional purposes. These materials may be used for immediate or future use. I understand that there is no remuneration and that the pictures will not be used for commercial purpose.

Parent/Guardian/Adult Applicant Signature:

Date: _____

Emails, addresses or phone numbers will not be shared with any other entity.