

Dylan Dean Generosity Ride & Community Picnic Saturday September 6th, 2008

Name: _____ (Please Print)

Address: _____

City: _____ State _____ Zip _____

Phone: () _____

Emergency Contact; _____ Phone _____

T-shirt Option add \$5.00

T-shirt size: **circle one** (small) (med.) (Large) (x-large) (xx-Large) (no shirt)

Check the event you plan on participating in.

Full, Half, or Quarter Ride () **single \$30** () **couple \$50** () **\$10 under 16 y.o.**

Picnic only () **adult \$12** () **\$8 kids under 10 y.o.**

Late entry after August 30th add \$5.00

Total amount enclosed & _____

Picnic included in ride entry fee. We encourage family participation.

Registration must be postmarked by August 30th 2008.

Late registration: T-shirts are subject to availability.

Release & Indemnification

I hereby acknowledge my understanding and I agree that an A.N.S.I. helmet is required to be worn at all times while I am riding in the "Dylan Dean Generosity Ride" cycling event. I further acknowledge that I have read, understand and agree to abide by all of the safety precaution requirements and all other rules presented to me for this event. I agree to indemnify and hold harmless the sponsors of this event, including, but not limited to the Dylan Dean Generosity Ride, Shoshone Cancer Support Corporation and all its sponsors, assigns, or volunteers, from any and all liability of whatsoever kind or nature, including but not limited to all claims for damages, loss, injury, acts or omissions, costs, expenses, attorneys fees, including post judgment fees and costs on appeal, of whatsoever kind or nature, arising out of, directly or indirectly, from my participation in the run and / or riding event. This waiver shall include, but not be limited to any loss, injury or damages to my person or property and I therefore assume the risk of all injury, damage, loss or other wise, as a result of my participation in the event. I further hereby grant and give my authority and permission to administer medical treatment to me, should it appear necessary, which shall include medical treatment any accident, or risk to my health. I also authorize the use of any photographs, motion pictures, recordings either video or audio and any other permanent record taken or made of this event which I may be a participant, which is intended for any use or promotion of this event.

Date _____, 2008

Participant

Parent/Legal guardian
(if minor)

**PLEASE SIGN THE RELEASE & INDEMNIFICATION FORM.
YOUR ENRTY WILL NOT BE ACCEPTED UNLESS IT IS SIGNED.**