

# PEDALING FOR PREVENTION

## BIKE RIDE REGISTRATION:

### \$15 Registration Fee

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size:

ADULT:

\_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large

YOUTH:

\_\_\_\_\_ X-Small \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large

### WAIVER OF LIABILITY AND STATEMENT OF FITNESS:

#### ALL INDIVIDUALS MUST SIGN BELOW.

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against all officials, sponsors, and volunteers for injuries or illness I may receive from participation in the Pedal For Prevention – Riding in Remembrance of Devin. I understand the dangers of bike riding long distances and consider myself adequately trained and in proper physical condition to participate in this event. I know that there will be traffic on the course and roads. I assume the risk of biking in traffic and any and all other risks associated with competing in this event. I agree not to wear headsets, roller blades or skates, or bring animals to event.

Signature \_\_\_\_\_

Parent/Guardian Participant (if under 18)

### WAIVER OF PHOTO/MEDIA RELEASE:

I acknowledge that photos/video maybe taken of the event. I give my consent for any that are taken of me may be used to advertise the event for the future events on social media— Facebook, Instagram, websites.

Signature: \_\_\_\_\_

Parent/Guardian Participant (if under 18)

### Please mail Registration:

Pedaling for Prevention Ride

2720 17<sup>th</sup> Street

Great Bend, Ks 67530

### Make checks payable to:

Devin Randolph Memorial Fund