

PEDALING FOR PREVENTION

BIKE RIDE REGISTRATION:

\$20 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 17th Street

Great Bend, Ks 67530

Make checks payable to:

Devin Randolph Memorial Fund

RIDING IN REMEMBRANCE