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| “Bike 4 Recovery” Registration Form |

To register for the 2015 “Bike 4 Recovery” bicycle ride, complete this form and return it, along with your entry fee to:

reGROUP

C/O Kerry Leno

107 7th St. S.

Moorhead, MN 56560

Make checks payable to reGROUP.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_

Zip\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Participant Names (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry fees (indicate all that apply)

\_\_\_\_\_ Individual $35.00

\_\_\_\_\_ Family $75.00

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| 2015 Event Extras |

Pre-register by August 24th, 2015, to guarantee a t-shirt on bike day. Please indicate size(s).

\_\_\_\_\_Small\_\_\_\_\_Medium\_\_\_\_\_Large\_\_\_\_\_

X-Large\_\_\_\_\_Other\_\_\_\_\_

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| 2015 Waiver & Release of Liability |

RELEASE: In consideration of the acceptance of my entry, I, the undersigned, intending to be legally bound for myself, my Heirs, Executors, and Administrators, do hereby release any and all sponsors of this race, their representatives, successors, and assigns, from any and all liability arising from illness or injuries I may suffer as a result of my participation in this bike ride. I attest and verify that I am physically fit and have sufficiently trained for the completion of this ride. I understand and agree that any sponsor may subsequently use for publicity and/or promotional purposes my name and /or photographs or video of me participating in this event without obligation or liability to me. I also understand that entry fees I pay are not refundable. I have read the forgoing and certify my agreement by my signature below.

Each participant over the age of 18 must sign this form. Also, names of minor children must be listed, along with the signature of their parent/guardian.

Participant Signature(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (If any are minor children)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Helmets are required for this bike ride. Rear lights or reflective clothing is encouraged. This is a fun ride NOT a race.