

REGISTRATION FORM

Please use a separate form for each rider. Photocopies are acceptable.

Participant's Last Name		First Name		*Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address				Telephone		
City	State	Zip Code		Email		
I expect to ride (check one): <input type="checkbox"/> 7 mi. <input type="checkbox"/> 18 mi. <input type="checkbox"/> 35 mi. <input type="checkbox"/> 48 mi. <input type="checkbox"/> 62 mi. <input type="checkbox"/> 80 mi. <input type="checkbox"/> 100 mi.						
First 500 riders to register receive a "Ride, for Pete's Sake" T-shirt! Circle Size: Youth S M L XL			First 500 registered riders receive a water bottle compliments of Vortechs Group			

*a parent or guardian must accompany any child under 13

Pedal-with-Pete Jersey	Mens				Womens		TOTAL
Indicate quantity by size	M	L	XL	XXL	M	L	x \$60 each
Pick up at check in							\$

Registration (\$40 day of ride)		
\$30 Pre-register (\$10 for children under 18)	A large portion of your registration fee is tax-deductible and funds cerebral palsy research. Our letter sent to you after the ride will document the deductible amount.	\$

Optional Donation	
PwP is a 501(c)3 organization	\$

TOTAL AMOUNT ENCLOSED:	\$
-------------------------------	----

The deadline to pre-register is Monday, August 9th. Registration also accepted the day of the ride.

Checks payable to Pedal-with-Pete, Inc.

Mail with check to: Pedal-with-Pete, Inc., P.O. Box 1233, Worthington, Ohio 43085

I would like to volunteer. To learn the ways you can help, please contact: Michelle Sotz (614) 226-6500 or Cathy Levy (614) 527-0202.

RELEASE

ACKNOWLEDGMENT WAIVER AND RELEASE FROM LIABILITY AND POTENTIAL CLAIMS BASED ON NEGLIGENCE OR OTHER CLAIMED MISCONDUCT.

I acknowledge that the "Ride, for Pete's Sake!" carries with it the potential for death, serious injury and/or property loss. The risks include, but are not limited to, vehicular traffic and actions of participants, volunteers, spectators or organizers of the event. I hereby assume the risks of participating in the "Ride, for Pete's Sake!" to be held on August 14, 2010.

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

For and on behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive, release and discharge from any and all liability for my death, disabilities, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me as a result of my participation in this event the following persons or entities: event sponsors, event organizers, event volunteers and all cities, counties, districts and states in which the event may be staged, and the officers, directors, employees, representatives, agents and volunteers of the foregoing. Further, I indemnify and hold harmless the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during the event.

If photographed, I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event organizers, event sponsors and/or assigns.

This form shall be construed broadly to provide a release and waiver to the maximum extent possible under the applicable law. **All riders must wear helmets and follow local traffic laws. A parent or guardian must accompany any child under 13.**

CONSENT TO MEDICAL TREATMENT FOR MINORS

I hereby ratify and confirm the signature of a minor.

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facilities to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he or she is a participant or observer at the "Ride, for Pete's Sake!" to be held on August 14, 2010.

I authorize any licensed physician to perform any procedure which (s)he deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that (s)he may encounter during any necessary operation. I consent to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

Participant's Name: (Please Print)	Participant's Signature:	Date:
Parent/Legal Guardian's Name: (If Participant is under 18)	Parent/Guardian's Signature:	Date: