

2011 REGISTRATION FORM

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

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|---|-------|------------|---|---|----------------------------------|------------------------------------|
| Participant's Last Name | | First Name | | *Age | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Street Address | | | | Telephone | | |
| City | State | Zip Code | | Email (requested to keep our correspondence costs down) | | |
| 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 600 riders to register receive a "Ride, for Pete's Sake" T-shirt! Circle Size: Youth S M L XL | | | First 600 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 portion of your registration fee is tax-deductible and funds cerebral palsy research. Our email sent to you after the ride will document the deductible amount. | \$ |

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

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| TOTAL AMOUNT ENCLOSED: | \$ |
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Pre-registration rates apply for registrations received by Wednesday, August 10th. Online pre-registration is available until 11:59 p.m. Wednesday, August 10th on www.pedal-with-pete.org. Registrations also accepted on the day of the ride at day-of-ride rate.

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

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 13, 2011.

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

For and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or other loss or harm all event sponsors, event organizers, event volunteers and all cities, counties, townships, and the state in which the event may be staged, and the officers, directors, employees, representatives, agents and volunteers of any 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 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. **I agree to wear a helmet 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 doctor, emergency medical technician, hospital or other medical facility to treat such minor for the purpose of attempting to treat or relieve any injuries received by such minor while (s)he is a participant or observer at the "Ride, for Pete's Sake!" to be held on August 13, 2011.

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 such procedure. 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 such 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: |