

2017 REGISTRATION FORM

Please use a separate form for each participant. Photocopies are acceptable. Download available at www.pedal-with-pete.org/events/columbus-ohio

Participant's Last Name		First Name		*DOB / /
Street Address				Telephone
City	State	Zip Code	Email (requested to keep our correspondence costs down)	
Emergency Contact Name		Emergency Contact Telephone		<input type="checkbox"/> I'd like to receive emails from civic and cycling groups that help with logistics or promotions of PwP.
I expect to: <input type="checkbox"/> attend Kid Fest <input type="checkbox"/> walk 2.5 mi. <input type="checkbox"/> ride <input type="checkbox"/> 7 mi. <input type="checkbox"/> 18 mi. <input type="checkbox"/> 32 mi. <input type="checkbox"/> 47 mi. <input type="checkbox"/> 64 mi. <input type="checkbox"/> 80 mi. <input type="checkbox"/> 100 mi.				
Pre-register before July 1st and guarantee a t-shirt in your size! (Limited quantities and sizes available after July 1st.) <input type="checkbox"/> Opt Out Circle Size: Youth: XS S M L XL Men's: S M L XL XXL XXXL Women's: S M L XL XXL XXXL			Team Name or Walking/Riding in Honor of: (optional) First 1000 registrants receive a rally-towel compliments of Thrivent Financial! <input type="checkbox"/> Opt Out	

*a parent or guardian must accompany any child under 13

How did you hear about the event?

- Social Media
 Internet Search
 Word-of-Mouth
 CP Community
 Brochure or Flyer
 Veteran participant
 Other:

Pre-registration rates apply for registrations received by 7/26/17. Online pre-registration is available until 11:59PM 7/26/17 on www.pedal-with-pete.org. Registrations also accepted on the day of the event at day-of-event rate. Adults who come only to accompany their child in the Kid Fest may participate for free.

RELEASE

I acknowledge that the Pedal-with-Pete, Columbus, Ohio 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 Pedal-with-Pete, Columbus, Ohio to be held on July 29, 2017.

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.

Registration (select one) <i>A portion of your registration fee is tax-deductible and funds cerebral palsy research. You will receive an email after the event that will document the deductible amount.</i>	
<input type="checkbox"/> \$10 Children 16 & under	A parent or guardian must accompany any child under 13.
<input type="checkbox"/> \$35 Pre-register	Pre-register before Wednesday, July 26, 2017.
<input type="checkbox"/> \$50 Day-of-Event	Registration opens at 7am on Saturday, July 29, 2017.
<input type="checkbox"/> \$75 Advocate	Participants who participate as an "Advocate" or a "Supporter" will receive a convertible beach-bag to mat compliments of Fast Switch.
<input type="checkbox"/> \$100 Supporter	
TOTAL: \$	

Optional Donation (PwP is a 501(c)3 organization)
PwP is a charitable organization and your donation funds cerebral palsy research to bring help and hope to people living with CP.
Optional Donation: \$
TOTAL AMOUNT ENCLOSED:\$

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

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 when riding a bicycle. I agree to 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 Pedal-with-Pete, Columbus, Ohio to be held on July 29, 2017.

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: