

REGISTRATION FORM
10th Annual 6-Hour Ride for a Reason
FOR SPECIAL OLYMPICS VERMONT

Limited Bikes – Register Today!

Sunday, March 21st, 2010

Sheraton Hotel and Conference Center, Burlington, VT | 8:00 a.m. ó 2:00 p.m.

Count me in! I have enclosed my \$25 registration fee, read the information and pledge to raise the fundraising minimum to participate (please see below).

Name: _____ Age: _____ DOB: _____

Health Club Affiliation (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Wick shirt size:	small	medium	large	xlarge
Jersey size:	small	® medium	large	xlarge

Please check one:

I will be riding one bike for the **entire six hours** as an **INDIVIDUAL**
 \$25 registration fee + \$250 fundraising minimum = \$275 total donation

I will be riding **sharing one bike** with at least one other rider as a **RELAY TEAM**
 \$25 registration fee + \$150 fundraising minimum = \$175 total donation
 Relay Team Name: _____

I will be riding one bike for the **entire six hours** with a **TEAM**
 \$25 registration fee + \$250 fundraising minimum = \$275 total donation
 Team Name: _____

I will be riding for **less than six hours** and would like to **share a bike**; please find me a **RELAY TEAM**
 \$25 registration fee + \$150 fundraising minimum = \$175 total donation

I would like to donate my \$25 registration fee to my local program athletes:
 _____ (name of local program or town)

Please make checks payable to: Special Olympics Vermont. Contributions are tax-deductible.

Please do not forget to fill out waiver →

368 Avenue D., Suite 30, Williston, VT 05495 / PHONE: (802)863-5222 / FAX (802)863-3911

Created by the Joseph P. Kennedy Jr. Foundation

Authorized and Accredited by Special Olympics, Inc. for the Benefit of Persons with Intellectual Disabilities

**SPECIAL OLYMPICS VERMONT
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY, AND PARENTAL CONSENT AGREEMENT**

In consideration of participating in the **Special Olympics 2010 6-Hour Ride for a Reason**, I represent that I understand the nature of this event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that the **6-Hour Ride** event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue **Special Olympics Vermont**, Special Olympics Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(please print):

Name of Participant

Signature of Participant (if 18 or older)

Signature of Parent/Legal Guardian (if under 18)

Date