



9th Annual Big Walker Charity Ride
Saturday, June 16, 2012
Registration Form

Pre-registration until June 14, 2012 \$40 per participant
Onsite registration day of event \$45 per participant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ Age on June 16, 2012: \_\_\_\_\_ T-shirt Size (S-M-L-XL): \_\_\_\_\_

What route do you plan to ride? [ ] Century (100 miles) [ ] Metric Century (62 miles) [ ] 45-mile [ ] 30-mile

How did you hear about the 9th Annual Big Walker Charity Ride? \_\_\_\_\_

Emergency contact information on day of ride:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete all information on this registration form, sign the Release and Assumption of Risk below, and return with your check payable to HOPE, Inc. to PO Box 743, Wytheville, VA 24382.

Release and Assumption of Risk

In consideration of the right to participate in the Big Walker Charity Ride on Saturday, June 16, 2012, the undersigned freely acknowledges the dangers of participating in a bike tour and fully assumes all risks, including but not limited to collision with pedestrians, vehicles, other riders and/or fixed or moving objects, the negligence of other riders, all sponsors or promoters or drivers, dangers arising from falls, weather conditions, road surfaces, equipment failure, inadequate safety equipment and personal or property injury which I might sustain.

I agree to bear all expenses incurred should an injury/accident occur, and to hold HOPE Ministry Center and Helping Overcome Poverty's Existence, Inc. (HOPE, Inc.) harmless. I represent that I am in sound medical condition and have no physical or medical impairment which would endanger myself or others. Should I sustain injury which, in the opinion of emergency technicians, requires medical attention, I agree to said medical treatment. I further agree to wear an ANSI or Snell Certified helmet while riding on the tour. I will observe and obey all bike tour requirements, as well as Virginia traffic laws and regulations. I understand that if I leave the route, I am no longer on the bike tour. I also give permission for use of my name and/or likeness in any newspaper, broadcast, telecast or other promotional account of this event.

Wherefore, as evidenced by my signature below, I waive, release, discharge for myself, my heirs, executors and administrators/legal representatives any and all rights and/or claims which I have, may have or may thereafter accrue to me against the sponsors and promoters or their agents, officers and employees for any and all claims which may be sustained by me.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Release: I am the parent/guardian for the entrant named above, who has not turned 16 as of June 16, 2012. By my signature I hereby give my permission for my child to participate in this event and agree to the terms of this Release.

Signature (Parent/Guardian) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_