

## Registration Packet

Print the pdf file.

Sign and date the liability waiver form.

Complete and sign the participant registration and information form.

Mail the completed forms and your registration fee to:

Judy Fowler  
Alzheimer's Association  
3797 Summit Glen Dr. G100  
Dayton, OH 45449

**LIABILITY WAIVER, INDEMNIFICATION AGREEMENT, PERMISSION TO PROVIDE  
MEDICAL TREATMENT & PUBLICITY RELEASE**

By signing this release for myself or on behalf of the named entrant if the entrant is under eighteen (18) years of age, and in consideration of the acceptance of this registration for entry in the Young's Ice Cream Charity Bike Tour and all rally rides, I do for myself, my heirs, my assigns and personal representatives (or, if applicable, for my child or ward, and his or her heirs, assigns and personal representatives), (i) hereby waive release and forever discharge any and all claims or rights, which presently exist or may hereafter accrue against the Young's Ice Cream Charity Bike Tour, the benefiting charitable organizations, all sponsors, representatives (including event volunteers), and involved municipalities or other organizations and the boards, trustees, directors, officers, employees of any of them from any and all claims or liabilities of any kind arising out of my participation in the Young's Ice Cream Charity Bike Tour even though that liability may arise out of negligence, recklessness, or carelessness on the part of the persons or entities named in this waiver. (ii) Consent to and permit emergency treatment in the event of injury or illness. (iii) I also grant permission to the Young's Ice Cream Charity Bike Tour, the benefiting charitable organizations and its sponsors to use any photographs, motion pictures, recordings of any record of my participation in the Young's Ice Cream Charity Bike Tour for legitimate purposes. I further agree, that, if in breach of this agreement, I institute any judicial proceedings against any of the persons listed in this agreement in connection with the Young's Ice Cream Charity Bike Tour, I shall bring them in the Common Pleas Court of Montgomery County. I consent to personal jurisdiction in that court. I further agree that, if in breach of this agreement, I institute any such proceedings, I am responsible for all costs and attorney fees of any person or entity against whom I institute such proceedings.

I promise to wear a CPSC, ANSI, SNELL, or ASTM approved bicycle helmet at all times while riding my bicycle during the YOUNG'S ICE CREAM CHARITY BIKE TOUR and any rally rides. HAVING READ AND UNDERSTOOD THIS AGREEMENT, I VOLUNTARILY AND KNOWINGLY SIGN IT.

\_\_\_\_\_  
Participant or Parent/Guardian Name printed

\_\_\_\_\_  
Participant or Parent/Guardian Name Signature

\_\_\_\_\_  
Date

# Young's Ice Cream Charity Bike Tour

## Registration & Participant Information

Please Print:

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ \* Cell Phone \_\_\_\_\_

\*For safety, all riders are encouraged to carry a cell phone. T-Shirt Size \_\_\_\_\_

+Age \_\_\_\_\_ Male or Female Team Name \_\_\_\_\_

I will be participating in the 1 day ride for \_\_\_\_\_ (25 or 50 miles) Registration Fee \$20.00

I will be participating in the 2 day ride for \_\_\_\_\_ (50, 75 or 100 on Sat, 50 or 75 on Sunday)  
Registration Fee is \$45.00.

Mail in registrations should be post marked no later than July 18, 2007. Registration fees are not refundable.

+Participants under 18 years of age must have parental consent. Riders under 16 years of age must be accompanied by an adult rider over 18.

One day riders are required to raise a minimum of \$125, and two day riders are required to raise a minimum of \$200. The minimum amount must be turned in the day of the ride, or you can provide us with a credit card number as security. All riders will have until August 29<sup>th</sup> to turn in additional pledges for prizes.

## Medical Information

Medical Insurance Company: \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies (food, medications, etc.) \_\_\_\_\_

Do you have any conditions that might affect your health and safety while participating in this event or that emergency medical personnel should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Information

Please provide the name of someone who can be reached on July 26 & 27, in the case of an emergency while you participate in the Young's Bike Tour. Be sure they know they are your emergency contact.

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

Relationship: \_\_\_\_\_

Phone Number where contact can be reached on July 26 & 27: \_\_\_\_\_

I also am aware that I must sign the Young's Bike Tour Liability Release Form:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date