



**“Ride for Rescue”
Indoor Bike-A-Thon**

Participant Registration Form

**February 25, 2012
12:00 pm – 5:00 pm**



Rocky Mountain Middle School

YOUR INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Personal Fundraising Goal: _____

I will bring my: Trainer Spinning Bike

T-Shirt Size: S M L XL XXL

Be Prepared for Lots of FUN

CONTEST CATEGORIES

- The participant that logs the most minutes ridden.
- The participant that collects the highest amount of pledges.
- The participant that brings the largest amount of Non-Perishable donations.
- The participant with the loudest audience.
- The participant with the most business matching contributions.

REGISTRATION FEE:

Hourly Door Prize Giveaways

_____ In order to help us reach our goal, there is a \$10.00 minimum donation goal from the participant and \$10.00 (one sponsor minimum). (In order to reach our goal we recommend each participant gather 10 sponsors)

_____ I would like to make an additional donation of _____ for a total of _____.

Pizza & Drinks Provided

Mail Registration form to 840 Park Avenue Idaho Falls, ID 83402 or call 552-5575

Lot's of Networking and FUN!

PAYMENT METHOD:

_____ Cash

_____ Check Number _____

_____ Visa / Master card / American Express / Discover

Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ (MM/YYYY)

Name as it appears on card: _____

Signature: _____

GENERAL WAIVER FOR PARTICIPANTS

With respect to the 2012 Ride for Rescue event with the Idaho Falls Rescue Mission for consideration of participation, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this potentially hazardous activity.

I further agree to waive and release from all claims and liabilities of any kind arising out of my participation and agree to hold harmless the Idaho Falls Rescue Mission and all parties connected with this event from any liability as a result of my participation.

I will permit emergency treatment in the event of injury or illness while participating and give permission to use my image and photo taken during the event in any promotional material, publication or on the website.

I certify that I have read and understand the intent of this waiver, release and agreement.

Date: _____

Signature: _____

Print Name: _____