



# Amy's Ride/Run/Walk Registration Form

May 20, 2017  
Quakertown, PA

A REGISTRATION FORM MUST BE COMPLETED FOR EACH INDIVIDUAL PARTICIPANT

First Name:		Last Name:		
Address:				
City	State	Zip	Phone:	
Email:		Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Emergency Contact Name:		Emergency Contact Phone:		
<b>Shirt Size</b> (Circle selection; one per registrant. Shirts are gender-specific; W=Woman M=Men) W-Small W-Med W-Large W-XL W-XXL M-Small M-Med M-Large M-XL M-XXL				
<b>How did you hear about this event?</b> <input type="checkbox"/> Past Participant <input type="checkbox"/> Friend/Word of Mouth <input type="checkbox"/> Billboard <input type="checkbox"/> Cycling Club Listing <input type="checkbox"/> Radio/TV <input type="checkbox"/> Other <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Online Events Calendar <input type="checkbox"/> Church/Community Org <input type="checkbox"/> Poster/Event Card				
Event	Early Bird	After March 20th	Event Day	Total
3 Mile Walk - Adult	\$20	\$25	\$30	
3 Mile Walk – Child Under 9	Free	Free	Free	
3 Mile Walk – Child 9-16	\$5	\$5	\$5	
5k Timed Run	\$25	\$30	\$35	
22 Mile Bike Ride	\$40	\$45	\$50	
42 Mile Bike Ride	\$40	\$45	\$50	
Optional Donation for Pancreatic Cancer Research and Treatment				
<b>TOTAL</b>				
<i>If paying by check, please make payable to: Amy's Ride/Run/Walk          Mail to: Amy's Ride/Run/Walk, P.O. Box 722, Quakertown, PA 18951</i>				
<b>Release of Liability &amp; Photo Release – ADULT (Release for Minors on 2<sup>nd</sup> Page or backside)</b> <b>Waiver:</b> In consideration of the acceptance of this entry, I waive all claims for myself and family registrants (if applicable) and my heirs against the sponsors of cooperating and coordinating groups of Amy's Ride/Run/Walk for Pancreatic Cancer Awareness and Research ("Event") and any individuals associated with this Event and will hold them harmless for any and all injuries or losses or damage to property which may result from my participation. I certify that I am aware the Event involves physical exertion, that I am physically fit for this event and that I understand the risks involved by participating in the Event. I further agree to follow all rules and instruction provided at the Event <b>Photo Release:</b> I hereby give my permission to the media to use my name and photography in the newspaper, broadcast, telecast of this event without limitation or obligation. <b>IN ORDER TO PARTICIPATE, YOU MUST AGREE TO THIS RELEASE OF LIABILITY.</b>				
<hr/> Print Name				
<hr/> Signature Required			<hr/> Date	

**Parent/Guardian Consent Form and Liability Waiver On Behalf of Minor Children**

Participant Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender: M/F Home Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the Amy's Ride/Run/Walk Benefit for Pancreatic Cancer Awareness and Research ("Event"). As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Amy's Ride/Run/Walk Organization, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness, injury or cost of medical treatment in connection therewith, or any loss or damage to property associated therewith, and I agree to compensate Amy's Ride/Walk Organization, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health and can participate in the Event, and I assume all responsibility for the health of my child. I further agree to follow all rules and instructions provided at the Event and ensure that the minor Participant does as well.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

**Photo Release Form – FAMILY – Parent/Guardian on Behalf of Minor Children**

I grant Amy's Ride/Run/Walk, its representatives and employees the right to take photographs of me (and my family if participating under FAMILY REGISTRATION) in connection with Amy's Ride/Run/Walk, May 20<sup>th</sup>, 2017. I authorize Amy's Ride/Run/Walk, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Amy's Ride/Run/Walk may use such photographs of me (and my family if participating under FAMILY REGISTRATION) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date