

2010 Hope for the Warriors Bike Tour

Registration Form

First and Last Name: _____

Birth date: _____

E-mail: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

What distance would you like to ride? (Circle one) 15 mile 30 mile 62 mile

What size T-Shirt would you like? (Circle one) S M L XL XXL

Entry Fee: \$45.00

Donation: _____

Please make checks payable to "Northwest Chapter"

Please fill out registration form as well as the waiver release form. You may also only send a donation with this form. Please write donation amount in the above space provided. Mail the form with your \$45 payment or donation amount to:

Attn: Misty Fisher

850 Harrison Road

Salisbury, NC 28147

Note: No registrations will be accepted unless the waiver form is signed and included with the mailing.

WAIVER AND RELEASE FROM LIABILITY

I understand that participating in the 2010 NCCUL Hope for the Warriors Bike Tour event can potentially be a hazardous activity presenting risk. For consideration of participation in the event, I freely accept and voluntarily assume the risks of personal injury or property damage that may result.

I, and anyone entitled to act on my behalf, waive and release from all claims and liabilities of any kind arising out of my participation even though that liability may arise out of negligence or carelessness on my part. I agree to hold harmless the North Carolina Credit Union League, corporate sponsors, cooperating organizations 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 an injury or illness while participating and give permission to use my name and photo taken of me during the event in any promotional material, publication, or on the website. I understand that the North Carolina Credit Union League withholds the right to dismiss anyone that may cause disturbance. I certify that I have read and understand the intent of this waiver and release.

Signature: _____ Date: _____

Signature of guardian if participant is under the age of 18:

_____ Date: _____