

15th Annual Cherry of A Ride sponsored by St. Mary's Academy

OFFICIAL ENTRY FORM

Sunday, April 14, 2019

Please complete this registration form and sign the release below. Send it with a check or money order payable to: St. Mary's Academy, 1112 Cherry Heights Road, The Dalles, OR 97058.

name (first, last) _____

address _____

city/state/zip _____

day phone _____ evening phone _____

email _____

SELECT YOUR RIDE † 30 mile † 48 mile † 60 mile † 80 mile † 100 mile

SELECT T-SHIRT SIZE (circle one) S M L XL

EXTRA T-SHIRT SIZE (circle one) S M L XL

(T-Shirts available with pre-registration only)

REGISTRATION FEES † Ride with shirt, \$55 † Ride without shirt, \$45

“No refunds or shirt mailing”

Registration the day of the ride is \$55, NO SHIRTS with Day of Ride Registration. Your check or money order must accompany this form and waiver.

Mail in registration must be postmarked no later than Wednesday, April 3rd.

Complete one (1) entry and waiver form per entrant. Tandem entries must complete two (2) forms. Entry/waiver forms may be photocopied. No confirmations will be sent.

Ride start is 6am—9am. Routes close at 5:00pm.

All rides begin and end at St. Mary's Academy, 1112 Cherry Heights Road, The Dalles.

ALL PARTICIPANTS MUST READ AND SIGN WAIVER

If the Participant is Under 18 Years of Age, Parent, Or Legal Guardian Must Sign

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, and/or producers of the event, and the lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the person or entities being released, from dangerous or defective equipment, or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holder, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waiver, Release and Discharge from and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: ST. MARY'S ACADEMY, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteer, (B) Indemnify and Hold Harmless the entities or person mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, or illness during this event.

I understand that at this event, or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and, I understand its content. PARENT/GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent and natural guardian does hereby represent that he/she, is in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

name (please print)

age

**Signature (required) ** Participant, or if under 18 guardian must sign