## Earn for the Burn (Bicycle Poker Run)

Signature X

## Registration Form (Please Print)

	Name	
	Address	
	City	State Zip Code
	Phone	Age Sex
	Email	
Emergency Contact Name:		•
	Phone:	
_	14 Mile Route_ (\$15 day of ride/\$10 pre-registration)	Extra Hands (\$5 ea.) Indicate number of hands desired
	25 Mile Route(\$25 day of ride/\$20 pre-registration)	Ride T-Shirt (\$15 ea.)
	50 Mile Route (\$25 day of ride/\$20 pre-registration)	Total: \$
	*Children under the age of 12 registration fee is \$5	Please make checks payable to: Earn for the Burn

## Waiver and Release of Liability

I hereby release the Rittman Firefighter's Association, Orrville Cycling Club and the City of Rittman, singly and collectively, from any and all liability, including any and all injuries, harm loss, damage, misadventure or inconvenience, occurring to either myself or the named minor (a person under 18 years of age) during any and all of the event or any associated activity. I HAVE READ THE ABOVE RELEASE AND UNDERSETAND ITS INTENT. THUS, I HEREBY VOLUNTARILY EXECUTE THIS RELEASE FOR MYSELF. In the event a participant is under 18 years of age, I hereby execute this agreement on behalf of my child or ward and my signature shall be considered my permission of participation. I acknowledge that participation in this activity, like any other outdoor recreational pursuit, involves some risk of bodily injury. I understand the nature of the possible risks and willingly accept them under the conditions set in this release and waiver of liability. ALL RIDERS MUST WEAR HELMETS AND FOLLOW LOCAL TRAFFIC LAWS.

"In consideration for being permitted to participate in this event, I agree to assume all risks and to release, hold harmless and covenant not to sue Akron Children's Hospital Foundation or Children's Hospital Medical Center of Akron, or any of their respective officers, directors, employees, contractors, agents and volunteers ("Releasees") for any claim, loss or liability that I may have arising out of my participation in the event, including any bodily injury, death or property damage whether caused by the negligence or carelessness on the part of any of the Releasees or otherwise, including, but not limited to, dangerous or defective property or equipment owned, maintained or controlled by any of them. I understand and agree that this Waiver and Release of Liability is binding on my heirs, assigns and legal representatives. I have carefully read this Waiver and Release of Liability and fully understand its contents. I am aware that by agreeing to this Waiver and Release of Liability, I am waiving legal rights and discharging the Releasees from any claims, losses or liabilities described herein."

Date_		
Signature of <b>X</b>	Parent of Guardian	