

Steeple Chase Registration Form

Name		Age
Address		
City	State	Zip
Home Phone	Cell or Work Phone	
Email Address		
Are you riding for a faith community?	Name of faith community?	
Are you riding for the Corporate/Club/Faith Community challenge?		
Name of Corporation/Club/Faith Community:		

Route (check one)

5 mile
 20 mile
 35 mile
 50 mile
 62.5 mile
 100 mile

OFFICE USE ONLY

Volunteer
Initials _____

T-Shirt Size (check one)

S
 M
 L
 XL
 XXL
 XXXL

Bike Tour Release--Please read carefully:

\$ _____

In signing this release, I acknowledge that I understand the intent thereof, and I hereby agree and will absolve and hold harmless Perception Programs, Windham Area Interfaith Ministry, Windham No Freeze Project, the Towns of Windham & Mansfield, and Eastern Connecticut State University and any other parties from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of my participation in the Steeple Chase Bike Tour or any activities associated herewith. I will obey all traffic laws and highway signs. I fully realize the dangers of participating in a bike tour including, but not limited to, the dangers of collision with pedestrians, vehicles, and fixed or moving objects, and the dangers arising from surface hazards, equipment failure, and weather conditions. I accept responsibility for the condition and adequacy of my equipment, and will wear a helmet at all times. I have no physical or medical condition which to my knowledge would endanger me or others if I participate in this event. I also hereby consent to and permit emergency treatment in the event of injury or illness.

Signature of <u>each</u> Rider required	Date
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Riders under age 16 must be accompanied by a parent or adult guardian. Riders under age 18 must have a parent or adult guardian sign and return this form. HELMETS REQUIRED OF ALL RIDERS

Please list your top four choices for a prize below so that if you win we can assign the prize you want.

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

Check here if you will **NOT** allow pictures of yourself to be used in publicity.

Checks payable to Perception Programs. Send to: Perception Programs, PO Box 407, 54 North Street, Willimantic, CT 06226 or email: steeple.chase@perceptionprograms.org