

2nd Annual

Jim Houck Memorial Bike Ride

James Buchanan

Middle School

Mercersburg, PA

June 4th, 2010

Family Route starts at 8:00am

Expert Routes start from 7:00-8:00am

Registration from 6:30-7:50am

Registration opens at 7:00am

**Money raised from this event goes toward the 3rd Annual Mercersburg Relay for Life**

**Registration Form**

 **Please check all that apply:**

**Name: (Last, First)**

 **Recommended donation amount of**

 **$25 included with this form**

**Street Address:**

 **Please accept my donation $\_\_\_\_\_\_,**

 **but I do not plan to ride**

**City: State: Zip:**

 **Other money included with this form**

 **$\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:**

 **I plan to attend the Pancake Breakfast**

 **for $5 per person (discounted price)**

**Other Riders: # of meals\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_**

**\*If your children plan to participate with you, please include their names with other riders with a star beside their name**

***\*As noted above, it is a “suggested” donation; we do not have a fee. “Suggested” $25 extends to a riders family as well\****

***Please make checks payable to the AMERICAN CANCER SOCIETY:***

*If you are on a Mercersburg Relay for Life team, all the money raised from your efforts in this bike ride will go towards your team.*

*Please mail forms to* ***James Buchanan High School, Attn: Memorial Bike Ride, 4773 Fort Loudon Road, Mercersburg, PA 17236***

**Release of Liability Agreement**

In consideration for the acceptance of my entry, I do hereby agree to assume full responsibility for my own

safety and hold harmless the American Cancer Society, Tuscarora School District faculty, staff, administration and school board, James Buchanan Athletic Boosters, Jim Houck Memorial Events organizers and committee members, the Mercersburg Relay for Life, all ride sponsors, ride officials, volunteers and their employees and gents, acting officially or otherwise from any manner predicted on loss or damage to the property of the injuries to, or death of any person which may occur resulting from my participation in the Jim Houck Memorial Bike Ride and do hereby waive any demands or claims thereof. I attest and verify that I am physically fit and sufficiently trained to participate in the same. I understand there is no refund. I have carefully read this agreement and fully understand its contents.

**Helmets are REQUIRED to participate**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_