## Ride-to-Remember VII

Registration form for September 21, 2019

## **Important Registration Information**

\*All registrations must be mailed to: Ride-to-Remember 1500 Main Street P.O. Box 15265 Springfield, MA 01115-5265

**Participants Signature** 

- \* Registration fee of \$300 must be paid at time of registration
- \* Registration Deadline is September 14, 2019

Last name	First Name				
Address					
City	State		Zip code		
Home phone	Mobile phone				
E-mail (required) *please print clearly			Birth date and age		
Emergency Contact Name		Emergency Contact Number			
Public Safety Affiliation (required)		Male/Female			
Form of Payment  Cash Check \$300.00 (does 1)	not incl	ude mandatory ri	der jersey)		
Checks made payable to: Ride-to-Remember					
Read and Sign					
In registering for the 2019 "Ride-to-Remember VII":  * I agree that my level of fitness is appropriate to participate  * I agree not to wear headphones or use a mobile phone whil  * I agree to ride safely, signal my movements, be alert to my signing and pass on the left.  * I agree to obey the rules and directions of the "Ride-to-Remember ride and forfeit my chances to ride in next year's event.  * I understand that bicycling involves risks and can result in location and the same and all risks associated with the participant of the "Ride-to-Remember" and the Board of Directors any manner of liability, claims for damages or causes of action	le biking surroun nember oss of perticipations, all the	; in this event. dings, wear an app '. If I fail to comply ersonal property, b on in this event, ar	oroved helmet, stay to the right when with the rules I will be asked to leave odily injury or death.  Indeed release, absolve, indemnify and hold		

Date