

# Red Ribbon Ride

May 19, 2018  
Individual Registration Form

<b>Name of Individual Cyclist</b>		<b>Age:</b> (check one)	<input type="checkbox"/> Under 12	<input type="checkbox"/> 13 - 18	<input type="checkbox"/> 19 - 25
			<input type="checkbox"/> 26 - 40	<input type="checkbox"/> 41 - 55	<input type="checkbox"/> Over 55
<b>E-Mail Address</b>			<b>Mailing Address</b>		
<b>Phone Number</b>			<b>City/State</b>		<b>Zip</b>
<b>T-Shirt Size:</b> (check one)	<input type="checkbox"/> Child's Large	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large	
		<input type="checkbox"/> Adult X-Large	<input type="checkbox"/> Adult XX-Large		
<b>How far do you plan to ride?</b>			<b>How did you hear about our ride?</b>		
<input type="checkbox"/> 7miles <input type="checkbox"/> 17miles <input type="checkbox"/> 30miles <input type="checkbox"/> 36miles <input type="checkbox"/> 50miles			<input type="checkbox"/> Friend <input type="checkbox"/> Radio/TV <input type="checkbox"/> Poster <input type="checkbox"/> Other _____		
<b>Waiver of Responsibility</b>					
<b>Must be completed in order to participate in Red Ribbon Ride. Please read carefully.</b>					
I understand the intent thereof, and I hereby agree and hold harmless Red Ribbon Ride/AIDS Project of the Ozarks, corporate sponsors, cooperating organizations and any other parties connected with this event in any way individually or collectively from and against any blame for liability, injury, misadventure, harm, loss, inconvenience or damage thereby suffered as a result of participation in Red Ribbon Ride or any activities associated herewith. I also hereby consent to and permit emergency treatment in the event of injury or illness. I give permission for use of my name and photograph in connection with this event. I further agree to follow all applicable traffic laws and conduct my activities in a safe and prudent manner. I CERTIFY that all information in this form is true and complete and will abide by the rules and instructions of the event, officials and management. <b>I agree to wear certified helmets.</b> I CERTIFY by my signature below.					
Signature (parents signature if under 18): _____			Date: _____		
<b>PACKET PICK-UP</b> You may pick up your rider packet and complete your registration at the AIDS Project of the Ozarks <b>1636 S. Glenstone, Suite 100</b> Thursday, May 17 <sup>th</sup> or Friday, May 18 <sup>th</sup> From 10am to 5pm <b>Or</b> On the morning of the Ride At Galloway Station			<b>REGISTRATION COSTS</b>  Individual: \$25 Pre – registration; <b>\$30 after May 11<sup>th</sup></b> Family: \$40 Pre-registration: <b>\$45 after May 11<sup>th</sup></b> Team: \$20 per person for a team of five or more  Make checks payable to AIDS Project of the Ozarks or APO APO is a nonprofit organization and contributions are tax deductible.		