## Red Ribbon Ride

May 16, 2020 Family Registration Form

Family Registration Form							
Names of Family Members	Rider No. – For Office Use	(с	Age: (check one)		T-Shirt Sizes (adult sizes unless indicated)		
1.		□ under 12 □ 12 – 18			□ Small □ Medium □ Large		
		□ 19 - 25		□ 26 – 40	□ X-Large □ XX-Large		
		□ 41 – 55 □ under 12		over 55	□ Child Large □ Small □ Medium □ Large		
2.		□ under □ 19 - 2		□ 12 – 18 □ 26 – 40			
		□ 41 – 5			□ X-Large □ XX-Large □ Child Large		
3.		□ under ′		□ 12 – 18	□ Small □ Medium □ Large		
		□ 19 - 2		□ 26 <b>–</b> 40	□ X-Large		
		□ 41 – 5		over 55		nild Large	
4.					□ Small □ N	O	
		□ 41 – 55 □ over 55				□ X-Large □ XX-Large □ <b>Child Large</b>	
5.		□ under		□ 12 – 18	□ Small □ I		
		□ 19 - 2	5	□ 26 <b>–</b> 40	□ X-Large	•	
		□ 41 – 5		over 55	□ Ch	nild Large	
E-Mail Address Mailing Address							
Phone Number		Ci	City/State		Zip		
			,, C				
How far do you plan to ride?			How did you hear about our ride?				
□7miles □17miles □30miles			□Friend □Radio/TV □Poster □Other				
□36miles □50miles □70miles							
*ALL ADULTS MUST SIGN*							
Waiver of Responsibility							
Must be completed in order to participate in Red Ribbon Ride. Please read carefully.							
I (we) and minor children under my (our) care understand the intent thereof, and 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 (we) also							
hereby consent to and permit emergency treatment in the event of injury or illness. I (we) give permission for use of my (our)							
name/s and photograph/s in connection with this event. I (we) further agree to follow all applicable traffic laws and conduct my							
(our) activities in a safe and prudent manner. I (we) 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 (we) agree to wear certified helmets.</b> I (we) CERTIFY by my (our) signature(s) below.							
Signature:			Date:				
Signature:			Date:				
Signature:				Date:			
PACKET PICK-UP							
17(0)(2) 110( 0)				REGIS	TRATION COST	rs	
You may pick up your rider packet and	d complete	l.a	J!! .J.				
You may pick up your rider packet and your registration	•			ıal: \$30 Pre -	- registration; \$4	0 after May 7 <sup>th</sup>	
You may pick up your rider packet and your registration at the AIDS Project of the Oza	rks	F	amil	ual: \$30 Pre - y: <b>\$45 Pre-r</b> e	- registration; \$4 egistration: \$55	0 after May 7 <sup>th</sup> after May 7 <sup>th</sup>	
You may pick up your rider packet and your registration at the AIDS Project of the Oza 1636 S Glenstone, Suite 100	rks )	F	amil	ual: \$30 Pre - y: <b>\$45 Pre-r</b> e	- registration; \$4	0 after May 7 <sup>th</sup> after May 7 <sup>th</sup>	
You may pick up your rider packet and your registration at the AIDS Project of the Oza 1636 S Glenstone, Suite 100 Thursday, May 14 <sup>th</sup> or Friday, Ma	rks )	<u> </u>	amil eam	ual: \$30 Pre - <b>y: \$45 Pre-r</b> e : \$25 per per	– registration; \$4 egistration: \$55 son for a team o	0 after May 7 <sup>th</sup> after May 7 <sup>th</sup> f five or more	
You may pick up your rider packet and your registration at the AIDS Project of the Oza 1636 S Glenstone, Suite 100 Thursday, May 14 <sup>th</sup> or Friday, Ma From 10am to 5pm	rks )	Make (	amil eam heck	ual: \$30 Pre - y: <b>\$45 Pre-re</b> : \$25 per per s payable to	- registration; \$4 egistration: \$55 eson for a team of	O after May 7 <sup>th</sup> after May 7 <sup>th</sup> f five or more the Ozarks or APO	
You may pick up your rider packet and your registration at the AIDS Project of the Oza 1636 S Glenstone, Suite 100 Thursday, May 14 <sup>th</sup> or Friday, Ma	rks )	Make (	amil eam heck	ual: \$30 Pre - y: \$45 Pre-re : \$25 per per s payable to nonprofit orga	- registration; \$4 egistration: \$55 eson for a team of	0 after May 7 <sup>th</sup> after May 7 <sup>th</sup> f five or more	