

Red Ribbon Ride

May 16, 2020

Team Registration Form

**ALL TEAM MEMBERS' REGISTRATIONS MUST BE TURNED IN TOGETHER
(Five Member Minimum per Team)**

TEAM NAME:			
Name of Team Member		Age: (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
E-Mail Address		Mailing Address	
Phone Number		City/State	Zip
T-Shirt Size: (check one)	<input type="checkbox"/> Child's Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult X-Large	<input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XX-Large	
How far do you plan to ride? <input type="checkbox"/> 7miles <input type="checkbox"/> 17miles <input type="checkbox"/> 30miles <input type="checkbox"/> 36miles <input type="checkbox"/> 50miles <input type="checkbox"/> 70miles		How did you hear about our ride? <input type="checkbox"/> Friend <input type="checkbox"/> Radio/TV <input type="checkbox"/> Poster <input type="checkbox"/> Other _____	
Waiver of Responsibility Must be completed in order to participate in Red Ribbon Ride. Please read carefully. 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. I agree to wear certified helmets. I CERTIFY by my signature below.			
Signature (parents signature if under 18): _____		Date: _____	
PACKET PICK-UP You may pick up your rider packet and complete your registration at the AIDS Project of the Ozarks 1636 S Glenstone, Suite 100 Thursday, May 14 th or Friday, May 15 th From 10am to 5pm Or On the morning of the Ride At Galloway Station		REGISTRATION COSTS Individual: \$30 Pre – registration; \$40 after May 7th Family: \$45 Pre-registration: \$55 after May 7 th Team: \$25 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.	