



# 10<sup>th</sup> Annual Vine Ride Registration Form

## August 21, 2010

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Email

T-shirt size (please choose one)

S\_\_\_\_\_ M\_\_\_\_\_ L\_\_\_\_\_ XL\_\_\_\_\_

Course Length (please choose one)

35 Mile Loop\_\_\_\_\_ 65 Mile Loop\_\_\_\_\_ 100 Mile Loop\_\_\_\_\_

Company Sponsored Yes\_\_\_\_ No\_\_\_\_

Company Name \_\_\_\_\_

Would you like to volunteer? Yes\_\_\_\_\_ No\_\_\_\_\_

### Entry Fees

By August 15, 2010 \$52/person \$\_\_\_\_\_

August 15-21, 2010 \$62/person \$\_\_\_\_\_

Donation to CCA \$\_\_\_\_\_

Total Enclosed \$\_\_\_\_\_

### Mail checks payable to:

Wheel Help Rides  
6415 SW 153<sup>rd</sup> Ave.  
Beaverton, OR 97007

Register online at [www.vineride.com](http://www.vineride.com)

For Questions email [vineride@aol.com](mailto:vineride@aol.com) or call 1-866-262-8339 or 503-919-8956

## **Contact of Responsibility Waiver**

I understand that participation in the Vine Ride is a potentially hazardous activity, which poses a risk of injury to my person or property. I will not participate in this event unless I am medically able and properly trained to complete the route I have chosen. I will examine all risks associated with participation, including but not limited to weather conditions, road condition, and traffic condition (motor, bicycle and pedestrian). I assume risk of such conditions, and I waive specific notice of such conditions.

I will pay my own medical and emergency expenses in the even of an accident, illness, or other incapacity occurs. I authorize Wheel Help Rides to secure any medical or emergency services it deems necessary for my benefit. I will indemnify Wheel Help Rides and the Children's Cancer Association from such expense.

I agree that Wheel Help Rides, the Children's Cancer Association and sponsors of the Vine Ride may use my name, address, phone number, or picture for publicity or promotional purposes without liability or obligation to me. I will assess and complete any needed maintenance or repairs on my bicycle before participating in the Vine Ride. I will swear a Snell or ANSI approved helmet and will obey the rules of the road while riding. I will follow the instruction, and direction given by the Vine Ride officials.

I agree to waive and release Wheel Help Rides, the Children's Cancer Association, its, directors, officers, employees and agents and all beneficiaries, sponsors or volunteers of the Vine Ride from all claims of liability or any kind arising out of my participation, including but not limited to any damage to my person or property caused by any act or failure to act by the foregoing persons or entities.

---

Signature

---

Date

No Registration will be accepted without a signature.

**Mail checks and waiver to:**

Wheel Help Rides  
6415 SW 153<sup>rd</sup> Ave.  
Beaverton, OR 97007

Register online at [www.vineride.com](http://www.vineride.com)  
For Questions email [vineride@aol.com](mailto:vineride@aol.com) or call 503-919-8956