

## W.A.R. (Walk And Ride) Against Hunger

### PARTICIPANT REGISTRATION FORM

A registration fee of \$15 for adults or \$10 for youth (age 18 & under) is requested of all participants.

Please make check payable & mail to: Rainbow Kitchen, 135 East 9<sup>th</sup> Avenue, Homestead PA 15120

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

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

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

#### Waiver of Liability (Must be signed by all participants)

By signing this form, I acknowledge that the events of the Rainbow Kitchen Community Services W.A.R. Against Hunger are inherently dangerous and I fully assume the risks associated with bicycling and/or walking. In consideration of the acceptance of this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims to damages I may have against Rainbow Kitchen Community Services and any other sponsors and their representatives, successors and assignees, for any and all claims or liabilities of any kind arising out of my participation in this event. I further attest that I am physically fit and sufficiently trained for the ride and/or walk. The Organizing Committee reserves the right to refuse any entry. I agree to abide by the event rules established by the Organizing Committee, including but not limited to:

- All cyclists are required to wear ANSI certified helmets during the cycling portions of the event.
- All participants are expected to observe the appropriate rules of the trail and exercise reasonable caution and common courtesy.

Signature & Date \_\_\_\_\_

Check here if under age 18 and include signature of Parent/Guardian below

Signature & Date \_\_\_\_\_

THANK YOU!