



Registration Times:

- 52 Miles ~ 8am**
- 27 Miles ~ 10am**
- 11 Miles ~ 10:30am**
- 7 Miles ~ 11am**
- 1 Mile ~ 11:30am**

Check in at the front gates of the Linn County Fair & Expo Center (3700 Knox Butte Road) in Albany at your designated riding time; stay for a free spaghetti lunch after your bike ride!

For more information, call Jessica at (541) 740-1466 or go to:

www.greateralbanyrotary.org



Greater Albany Rotary Club
P.O. Box 1629
Albany, OR 97321

GREATER ALBANY ROTARY CLUB
P.O. BOX 1629
ALBANY, OR 97321

Place
Postage
Here

Pedal Away Polio



August 27th, 2011

*Linn County Fair & Expo
Albany, Oregon*

**CHOOSE FROM
5 ROUTES**

**Hosted by the
Greater Albany
Rotary Club**



Pedal Away Polio

This is your registration form for the Greater Albany Rotary Club's 3rd Annual Pedal Away Polio. This event has raised over \$10,000 in the past two years and your participation will help Rotary raise \$200 million to match \$355 million in Challenge Grants received from the Bill & Melinda Gates Foundation. The \$555 million will directly support immunization campaigns in countries where polio continues to infect and paralyze children, robbing them of their future and compounding the hardships faced by their families.

Ride Registration forms need to be returned no later than August 22nd 2011. Riders are also asked to solicit sponsors for their ride, with 100% of those donations going to Polio-Plus. Rider Sponsor forms, along with donations, may be turned in at time of ride check-in.

The post-ride spaghetti lunch is included with the entry fee. Guests can join the riders for the lunch for \$7.50 for ages 16 and up, and \$5.00 for under 16.

Riders must use ANSI/SNELL Approved helmets. Riders MUST obey all traffic laws and signals. Please use proper cycling terms with other riders.

Lunch is provided free for riders. Additional lunches for guests may be purchased the day of the event for \$7.50

Registration Form

Name: _____

Address: _____

City, Zip: _____

Cell _____

Email: _____

FEES	
Rider is 16 years or older	\$15
Rider is under 16 years old	\$10
T-Shirt (Optional).....	\$15



Choose your Ride Length:

- 11 Miles
 7 Miles
 52 Miles
 27 Miles
 1 Mile

Choose your T-Shirt Size:

- XXL Qty _____
 XL Qty _____
 L Qty _____
 M Qty _____
 S Qty _____

Total Due for Registration:	
Ride Participation	\$ _____
T-Shirt(s)	\$ _____
Donation to Polio Plus (Optional)	\$ _____
Total Due:	\$ _____

Please make checks payable to *Greater Albany Rotary Club*

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION OF being permitted to participate in any way in Greater Albany Rotary Club's sponsored Pedal Away Polio Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Greater Albany Rotary Club, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

 PARTICIPANT or PARENTAL/GUARDIAN signature for MINOR:

DATE: _____