



P.O Box 2215 Sisters, Oregon 97759

# Crest the Cascades Participant Mail-In Registration Form

## Registration

To register for Crest the Cascades Ride please complete this form and mail it along with your check to the Sisters Park and Recreation District P.O Box 2215 Sisters, OR 97759

## Cost:

\$30 if registered by: March 1st

\$35 if registered by: May 15<sup>th</sup>

\$40 if registered after: May 15<sup>th</sup>

## Participant

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: M / F

D.O.B \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like an event T-Shirt for an additional \$15? (please circle) Yes/ No

T-Shirt Size: YL, XS, S, M, L, XL, XXL Sizing: Men's / Women's

Fabric (please circle): Cotton / Performance

Please list all Allergies and serious Medical Conditions:

\_\_\_\_\_

## Emergency Contact (non-participant)

Name: \_\_\_\_\_

Phone # 1: \_\_\_\_\_

Phone # 2: \_\_\_\_\_

### INFORMED CONSENT/PARTICIPANT RELEASE

I, the participant or the parent/guardian of the above named participant understands the possibility of injuries resulting from the activities indicated above or other activities sponsored by Sisters Park and Recreation District (SPRD). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities I hereby release, absolve, indemnify and hold harmless SPRD and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against SPRD, its directors, employees and agents. I understand there is no insurance coverage provided by SPRD for participation and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of SPRD, is involved in the transportation of participant in connection with SPRD activities, I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or a trained emergency care technician. I agree that SPRD may use, reproduce, disclose and distribute participant's name and/or likeness for SPRD marketing purposes. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that SPRD is relying on such acceptance in permitting participant to engage in SPRD programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Crest the Cascades is operated by and as a fundraiser for:

