

Saturday, August 3, 2019
Lake St. Clair Metropark, Harrison Township
LOCATION: Par 3 Shelter
Register Now! Pre-Registration ends Monday, July 22, 2019

Raise a minimum of \$200 by Monday, June 3 and receive an Official M.O.M. Bike Jersey!

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

T-shirt size (Circle one): *Youth:* Small Medium Large (adult small)
Adult: Small Medium Large X-Large XX-Large XXX-Large

Bike Jersey size (Circle one): *If you raise \$200 by June 3 you will receive an official M.O.M Jersey
Adult: Small Medium Large X-Large XX-Large XXX-Large

Additional T-Shirts at \$10 each: _____ SIZES: _____

Emergency Contact Name: _____

Emergency Contact Phone: (_____) _____

Please check one:

_____ 5 Mile Bike (\$20.00) – 10:00 a.m. start
Stays within Lake St. Clair Metro Park on the bike path

_____ 23 Mile Ride (\$25.00) – 9:00 a.m. start
Leaves Lake St. Clair Metro Park on the bike path to the Freedom Hill loop and back

_____ 43 Mile Ride (\$45.00) – 8:00 a.m. start
Leaves Lake St. Clair Metro Park on a scenic route along Lake St. Clair to Grosse Pointe and back

_____ Children age 18 & under (\$15.00) - please select ride distance
_____ 5 Mile _____ 23 Mile _____ 43 Mile

_____ Senior Citizens 62 & up (\$15.00) – please select ride distance
_____ 5 Mile _____ 23 Mile _____ 43 Mile

- Pre-Registration fee includes t-shirt and lunch. Pre-register by *Sunday, July 9, 2019* to be guaranteed your preferred t-shirt size!
- All proceeds benefit the Alzheimer's Association - Greater Michigan Chapter

**ADD \$10 FOR SAME
DAY REGISTRATION**

Accident Waiver and Release of Liability (on back)
MUST be completed and returned with this registration form

* Make Checks Payable to the Alzheimer's Association *

ASSUMPTION OF RISK, RELEASE AND PERMISSION

MIND OVER MATTER involves cycling - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my attendance or participation in MIND OVER MATTER and related activities.

It is my responsibility to dress appropriately, and I am aware that a **BIKE HELMET IS REQUIRED** to participate in this event. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent that I am physically fit and able to attend or participate in this event. I hereby consent to receive medical treatment that may be deemed advisable due to an injury, accident and/or illness during this event.

I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at this event and related activities whether resulting from the negligence of any of the above or from any other cause.

I agree that my assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect.

I grant full permission in perpetuity to the organizers of this event to use, re-use, publish and re-publish my name and image as a participant in the event in photographs, video or other recordings.

I have read, understand and agree to the terms of this agreement.

Print Participant's Name	Age	Participant Signature <small>(If under 18 years old, parent/guardian must also sign below)</small>	Date
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If Participant is a minor (under 18 years old), the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.

I hereby certify that I have read this document and I understand its content.

Print Parent or Guardian's Name	Age	Parent or Guardian Signature	Date
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Please send completed forms to:

Alzheimer's Association c/o Mind Over Matter | 25200 Telegraph Road, Suite 100 | Southfield, MI 48033
P: 248-996-1045 | E: snfootevann@alz.org

Register online: act.alz.org/mindovermatter2019

More information: www.mindovermatteralz.com