



Miracles are a part of everyday life at CHILDREN'S HOSPITAL and sponsors are largely to thank for our success. There are few times in life when we can feel certain that we have made a difference in the lives of others around us. This is definitely one of those times! After all, every dollar that we raise will remain in our state to benefit our very own ill, injured and abused children ... at a place where children are cared for based on their need and not their ability to pay. Your participation helps to make this promise reality! Always remember when helping **CHILDREN'S HOSPITAL**, everyone wins ... especially our kids!

Benefiting:



CHILDREN'S  
HOSPITAL®

**ON BEHALF OF THE MANY  
CHILDREN THAT WE SERVE,  
THANK YOU FROM THE  
BOTTOM OF OUR HEART FOR  
YOUR PARTICIPATION AND  
HELPING OUR KIDS!**

**Children's Hospital Field Office**  
P. O. Box 978  
Dothan, AL 36302  
Phone (334) 678-9039  
Fax (334) 702-4729  
[www.chsys.org](http://www.chsys.org)

Please join us for the  
**8th Annual *Tri-States 100***  
***"Tour of Miracles"***  
2010 Jersey Design



**September 12, 2010**  
Ride Starts @ 7:00 AM (CST)

Dothan Civic Center  
126 North St. Andrews Street  
Dothan, AL 36303

**PARTICIPANT FORM**

VISIT US ON THE WEB AT:  
[www.tristates100.com](http://www.tristates100.com)

**REGISTRATION FEE:**

Please register early to secure your t-shirt (first 250)

- **\$30** advance registration (mail deadline 9/3)
- **\$30** advance registration (web deadline 9/8)  
**\$35** available at our booth on 9/11 during Dothan CityFest, downtown Dothan. Stop by for maps, info and just to talk cycling!
- Late registration \$40.00 is available on ride day, 9/12.
- We are offering a custom design jersey again this year. Be sure to reserve yours early. Quantities are limited, see active for sizes.

**COMPLETE AND RETURN YOUR REGISTRATION FORM (along with your check made payable to Children’s Hospital) to:**

Oncology Supply - c/o Joe Varner  
2801 Horace Shepard Drive  
Dothan, AL 36303

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt size: \_\_\_M; \_\_\_L; \_\_\_XL; \_\_\_XXL

Jersey size +\$60: \_\_\_M; \_\_\_L; \_\_\_XL; \_\_\_XXL

**TOTAL SUBMITTED** (Be sure to include your payment and size for a special jersey): \_\_\_\_\_

**ALL RIDERS MUST WEAR ANSI/ SNELL APPROVED HELMETS**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT (“AGREEMENT”). In consideration of being permitted

to participate in any way in the 100-MILE, METRIC CENTURY, or 25 mile, Circle City Cycling People sponsored Bicycling activity (“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 concluded over public roads and facilities open to the public during the Activity and upon which 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 in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the club, the LAB, their respective administrators, directors, agents, officers, volunteers and employees, other participants, and sponsors, advertisers, Children’s Miracle Network, the Children’s Hospital of Alabama, and if applicable, owners and leaser 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 or 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 may incur as the result of such claim.

I have read this agreement, FULLY UNDERSTAND its terms, understanding that I have given up substantial rights by signing it, and have signed it freely and without and 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.

\_\_\_\_\_  
Print participant name

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date E-Mail address

\_\_\_\_\_  
Print emergency contact and phone number  
**Parent or Guardian complete this section if participant is under the age of 19**

AND I, the minor’s parent and/or legal guardian, understand the nature of bicycling activities and the minor’s experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasees from ALL liability, claims, demands, losses, or damages on the minor’s 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 further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature Date