

# Walk-In Registration Form

## Hospice Hustle 2017

Please select your ride:	Start Time:	Registration Fee:
<input type="checkbox"/> Bike Ride, 100 miles	8:00 a.m.	\$ 40.00
<input type="checkbox"/> Bike Ride, 62 miles	8:00 a.m.	\$ 40.00
<input type="checkbox"/> Bike Ride, 25 miles	8:00 a.m.	\$ 40.00
<input type="checkbox"/> I would like to make a donation to Hospice of the Calumet Area		\$ _____
<input type="checkbox"/> Hospice Hustle jersey @ \$80 ea. (indicate quantity/size on right panel)		\$ _____
<b>Total:</b>		\$ _____

*All courses close at 4:00 p.m. CDT and support vehicles will not be available after that time.  
Choose your ride accordingly!*

Please print clearly and indicate your method of payment.  
Make checks payable to Hospice of the Calumet Area.

- Cash
- Check
- Credit Card (all major cards accepted)

Name		
Address		
City	State	Zip
Phone number	E-Mail address	
Emergency contact	Phone Number	

**Present credit/debit card at Registration for processing. This box for office use only.**

### Liability Waiver

This entry form is a contract with legal consequences. Please read the following carefully before signing.

I understand and realize that I am participating in the Hospice Hustle 2017 Bike Ride for my own enjoyment. I understand the risks I am incurring in this undertaking, including that my participation could cause injury to me. I further understand that I will be riding on roads that will be open to public traffic. In consideration of my participation in Hospice Hustle 2017, I agree, on behalf of myself and my heirs, executors, administrators, and assigns, to fully and forever release and discharge Hospice of the Calumet Area, Inc., its officers, directors, employees, agents, successors, assigns, and any and all sponsors and organizers of Hospice Hustle 2017 Bike Ride ("Releasees"), from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my participation of Hospice Hustle 2017, including without limitation any claims, damages, demands, rights of action or causes of action resulting from or arising out of the negligence of the Releasees. I agree to waive any and all such claims, damages, demands, rights of action or causes of action, including liability for any loss of, or theft of, or damage to, personal property. I also agree that I and/or the above-named participant/entrant will wear a Snell or ANSI approved bicycle helmet while riding in the Hospice Hustle 2017. I acknowledge that I have carefully read this liability waiver and fully understand that it is a liability waiver.

Rider's Name (print only) \_\_\_\_\_ Age\* \_\_\_\_\_ Signature\*\* \_\_\_\_\_ Circle Route: 25 mi. 62 mi. 100 mi.

\* If rider is age 12 or under, must be accompanied by adult throughout the ride. No charge for children age 12 or under.  
\*\* If rider is under age 18, signature of parent or guardian is required. There must be one signature for each rider.

**Please use one form per rider. Each rider must sign a waiver.**



BikeForHospice.org



### Hospice of the Calumet Area Urban-Cut Cycling Jersey

Size (circle one):

S    M    L    XL    XXL

- Purchase jersey for \$80.00
- Free jersey with minimum \$300.00 pledges/donations.  
(Attach pledge form and payments.)

Present this entire form at  
Registration to order your jersey.

*Thank you!  
Enjoy your ride!*