



Carolinas Challenge Registration 2009 -- Wounded Warrior Project

Early registration is appreciated! Please go to www.carolinaschallenge.org for online registration, fundraising tools, and online donations, or mail in this form. Participants are encouraged to submit their fundraising minimums before Monday, October 19, 2009 at 5 pm.

Check Registration Type:

- Individual adult:** must raise \$50. Must be 19 and older.
- Child 15 and under:** must raise \$25. Under age seven free.

PRIMARY REGISTRANT

Title First Name MI Last Name Suffix
 Address
 City State Zip
 Phones: Work Home Email
 Birth date Gender M F Employer
 Emergency contact name
 Emergency contact phone number:
 Check the appropriate box: Metric Century Bike Ride (62 mi.) 23 Mile Bike Ride 5 Mile Walk
 Are you a veteran? Yes No
 My Fundraising Goal is \$

OTHER FAMILY REGISTRANTS

	Full Name	Birth date	Relationship to registrant	Bike		
				Metric Century	23 mile	5 mile walk
Adult						
Child						
Child						
Child						

RELEASE FROM LIABILITY (For participant and family): In consideration of my participation in The Carolinas Challenge Metric Century Bike Ride & Walk, I hereby agree on behalf of myself, my heirs, legatees, executors, administrators, and personal representatives, to release the organizers and volunteers involved in the planning, organizing and operation of The Carolinas Challenge Metric Century Bike Ride & Walk from liability for injury to me or my property caused by their negligence. I intend that the effect of this release shall be to release such organizers and volunteers from any liability to me arising from their failure, in any way, to use reasonable care in their activities pertaining to The Carolinas Challenge Metric Century Bike Ride & Walk. If I am under the age of eighteen years, then this release shall be signed on my behalf by my parent or guardian.

If I am injured, I hereby authorize Mary Black Memorial Hospital or Spartanburg Regional Medical Center to disclose my individually identifiable health information as it pertains to any care received in conjunction with the Carolinas Challenge event on October 24, 2009. This information will be released to the Medical Director of the Carolinas Challenge so he can notify family members of my location and status and also to monitor and evaluate safety conditions for the event. Individually identifiable information will not be kept by the Carolinas Challenge management beyond the end of the event. This authorization expires on October 31, 2009.

By signing this release, I acknowledge that all riders are required to wear an ANSI- and/or Snell-approved helmet during the entire ride, and all participants are encouraged to wear light, bright, or reflective clothing. I hereby give my full permission for use of my name and photograph in connection with this event.

 Signature of Participant Parent or Guardian (if under 18) Date

If registering offline, mail to: Hometown News, P.O. Box 249, Woodruff, SC 29388.
Thank you! For more information or questions please call us at 864-433-8886,
email: CCregistration@aol.com or web: www.carolinaschallenge.org