



## THE LONE STAR STATE CHALLENGE

### The final leg of the Wounded Warrior Project Soldier Ride

DATE: Saturday, March 14, 2009

STARTING TIME: 9:30 AM Opening Ceremony, 10:00 AM Start

DISTANCES: 25 and 45 mile routes

LOCATION: Start and Finish at Whataburger Field, Corpus Christi Texas – After Ride Party at Brewster Street Ice House

ENTRY FEE: \$25 pre-registration, \$30 race day

AWARDS: None. T-shirts for first 300 participants and door prizes after ride.

MAKE CHECKS PAYABLE TO: Wounded Warrior Project

Send Form and check to: Eric Gardner – Esenjay Petroleum  
500 N Water Street, Ste 1100S  
Corpus Christi, TX 78471

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FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

PHONES – Work \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

EMERGENCY CONTACT – Name \_\_\_\_\_ Phone \_\_\_\_\_

CHECK APPROPRIATE 45 mile bike ride  25 mile bike ride

TSHIRT SIZE S  M  L  XL  XXL

## Wounded Warrior Project Waiver and Permission Form

In consideration of my and/or my child or ward's participation in any way in any WWP, Inc. (DBA Wounded Warrior Project) program, event, or related activity (collectively, the "Event"), wherever the Event may occur, I agree to assume the risks incidental to such participation (which risks may include, among other things, muscle injuries and broken bones). I acknowledge that, if present at the Event, I have or will inspect the facilities and equipment to be used in conjunction with the Event and, if I believe any unsafe condition exists, I will immediately advise an Event official of such condition and will refuse participation until such condition is corrected. On my own and/or my child or ward's behalf, and on behalf of my and/or my child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation. I declare that I and (if participating) my child or ward, are physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for myself and/or my child or ward, at my cost, if the need arises. I also understand that my child or ward or I may be required to leave the Event venue should my child or ward or I exhibit undesirable conduct. For the purposes hereof, the "Released Parties" are WWP, Inc., and its parent, subsidiary, affiliated or related companies; all Event sponsors or charities, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I further grant the Released Parties the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit my and/or my child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, or for any other purpose whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise any rights granted herein.

This Waiver and Permission Form shall be governed by the laws of the State of New York, and any legal action relating to or arising out of this Waiver and Permission Form shall be commenced exclusively in the State of New York, and I specifically waive the right to trial by jury. I certify I am 18 years of age or older, that I have read the above Waiver and Permission form in its entirety, and I understand that I have given up substantial rights on behalf of myself, or on behalf of my child or ward if I am executing this Waiver and Permission Form on behalf of my child or ward.

\_\_\_\_\_  
**Participant Name**  
(Please Print)

\_\_\_\_\_  
**Parent or Guardian Name**  
(Please Print if Applicable)

\_\_\_\_\_  
**Emergency Phone Num**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult Signature Required**  
(Participant, Parent, or Guardian)