

Hope On Wheels

The path does not end, but becomes easier to travel...

Sunday, October 1, 2017

3:00 P.M. Burke's Garden

Kids, beginning & experienced bikers welcome!

**Donations accepted to support our Nature Therapy Fund!*



First name: _____ Middle: _____ Last: _____

DOB: ____/____/____ Gender: _____ Male _____ Female _____ Age: _____

Email: _____

Phone: _____ Emergency Contact: _____

Mailing Address: _____

T-Shirt Size: _____ S _____ M _____ L _____ XL _____ 2XL _____ 3XL

**All T-shirt sizes are adult sizes. *Children must be 5 years old or older to participate.*

**There is not a
registration fee
for this event.**

**Free T-shirts will be
available for the first 50
registrations!**

**Proud Partner
Outdoor Adventure
Centers, LLC**

**Bike rentals are available
through Outdoor Adventure
Centers, LLC for \$20.00.
Please call 276-971-3038
to reserve your bike today!**

**MAIL REGISTRATION
FORM TO:
CVCA c/o FCS
P.O. BOX 188
NORTH TAZEWELL, VA
24630**

**Due: September 25, 2017
Questions?
Call Christie Marshall
276-988-5583**

Limitations: Unregistered bikers are prohibited on the trail in order to assure biker safety and to comply with liability insurance requirements. Firearms are prohibited. Please be mindful and respectful of wildlife in the area.

Waiver: In consideration of the acceptance of this entry, I hereby for myself, my heirs, executors, administrators, and assigns, and anyone entitled to act on my behalf, release and discharge **Clinch Valley Community Action, Inc., Outdoor Adventure Centers, LLC, Burke's Garden Community Center**, plus any and all partners, their representatives and successors, promoters, managers, directors, officials, agents, employees and volunteers, from any and all claims of injury, or liabilities of any kind, illness or damages suffered by me, or from the participation of the minor for whom I am signing for, as a result of participating in, or traveling to this event. I know biking is a potentially hazardous activity. I should not enter and bike unless I am medically able. I agree to abide by any decision of an event official relative to my ability to safely complete the ride. I assume all risks associated with participating in this event, including, but not limited to falls, contact with other participants, the effects of the weather (including high heat or humidity), all such risks being known and appreciated by me. I realize this is a strenuous event which requires proper physical conditions. I hereby certify I am in such physical condition and good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Signature _____

Parent or legal guardian – For those under 18 years of age

Date _____