



United Way of Charles County



Spring Dell Center, Inc.



**Charles County Sheriff's Office 1<sup>st</sup> Annual Bike Ride  
 benefiting United Way of Charles County and Spring Dell Center  
 26 miles – Indian Head Rail Trail  
 Saturday, March 20, 2010 – Rain Date Saturday, April 10  
 Registration/Check in starts at 7:00 a.m. -- Flex-Start Time 8:00 a.m.  
 Lunch served 11:00 a.m. – 1:00 p.m.  
 Village Green Pavilion -- 100 Walter Thomas Road, Indian Head, MD**

Registration Form (Please Print)

Registration fee includes Chick-fil-A lunch or child's lunch and beverages; **Preregistration by March 10, 2010 guarantees tee shirt and lunch**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: ( ) \_\_\_\_\_ Evening Phone #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

I will be participating as a/an: \_\_\_ Individual - \$25 \_\_\_ Family of 2 - \$40 \_\_\_ Family of 3 - \$50

\_\_\_ Family of 4 or more (\$15 per person) Number of Children 17 years and under riding with me: \_\_\_\_\_

Number of Chick-fil-A lunches (sandwich, side, dessert) \_\_\_\_\_

Number of child's lunches (peanut butter and jelly sandwich, chips, dessert) \_\_\_\_\_

Shirt size/s - number of each \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL

Registration fee(s) enclosed/attached: \$\_\_\_\_\_ Please select: Cash  Check/Money Order: # \_\_\_\_\_

Charge my: MasterCard Visa American Express (circle one): Card # \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ Security code (from back of card above signature) \_\_\_\_\_

Signature: \_\_\_\_\_

**Waiver and Release of Liability (Each adult participant must sign)**

I hereby waive all claims against the Sheriff of Charles County, Maryland, the Charles County Sheriff's Office, the County Commissioners of Charles County, the United Way of Charles County, Spring Dell Center, the Town of Indian Head and the State of Maryland, present and future, their officers, employees, transferees, agents, successors in interest and assigns, of and from any and all liabilities, losses, costs, damages, injuries sustained to the participant and/or property, settlements, judgments or any nature whatsoever, causes of action, suits, claims, demands or other expenses (including but not limited to any reasonable attorneys' fees) obligations and any and all demands and liabilities, known or unknown, both in law and equity, which are or may be suffered or incurred as a result of participation.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian signature is required if the rider is less than 18 years of age; riders 17 and under must have an adult with them; riders under 16 must wear a helmet.)

**Please do not send cash through the mail. Make checks payable to:  
 United Way of Charles County, P.O. Box 2141 La Plata, Maryland 20646  
 Phone: 301-609-4844/Fax 301-392-9286 www.unitedwaycharles.org**