

REGISTER NOW (Please Print)

\$150.00 worth of fundraising/donations (does not include registration fee) is required to ride in Reach The Beach - Oregon. *

Start location (Rider Only):

Portland Carlton Amity Grand Ronde

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Night Phone: _____

Email: _____

Emergency contact Full Name _____

Emergency contact's phone: _____

Emergency contact's relationship: _____

Medical conditions (prescriptions, medications, allergies): _____

Team Name: _____

Date of birth: _____ Gender: M F

Employer's name: _____

T-shirt size: S M L XL XXL
(For fundraising)

I have lung disease.

I am riding in honor of someone with lung disease.

\$150.00 worth of fundraising/donations (does not include registration fee) is required to ride in Reach The Beach*

Registration fee - if not sold out: \$ _____

\$35 - through January 31, 2019,

\$45 - February 1, 2019 through April 30, 2019,

MAIL IN REGISTRATION CLOSED April 30th

\$60 - On-line only - May 1st through day of registration (+ 150.00 donation)

*My personal pledge to the ALAO \$ _____
(goes toward fundraising)

Grand Total: \$ _____

For return transportation, extra meal tickets, and merchandise go to www.reachthebeachor.org

Type of payment:

Check-CK# _____ Cash (not recommended through for mail)

Credit Card Visa MC AmEx Dis

CC number: _____

Exp. date: _____ Security Code: _____

Please make checks payable to: American Lung Association

Mail in registration and payments must be postmarked on or before April 30, 2019

NO REFUNDS will be issued. Registration fees are not tax-deductible.

CONTRACT OF RESPONSIBILITY AND WAIVER

I understand that to receive my bib and ride REACH THE BEACH - OREGON, I must raise an additional \$150.00 in donations (above the registration fee) to help fight lung disease. That the \$150.00 in donations need to be turned into the ALA in Oregon office before receiving the bib by the date on the schedule to ride in Reach the Beach - Oregon or that the donations need to be turned in on the day of the ride at my start location to be eligible to ride.

I also understand that participating in the Reach the Beach - Oregon bike ride is a potentially hazardous activity. I will not participate in Reach the Beach - Oregon unless I am medically able to do so and am properly trained. I shall voluntarily examine all risks associated with participating in this event, including, without limitation, falls, contact with other participants and volunteers, the effects of weather, including extreme temperatures or conditions of the road, participating in events along the route, all such risks being known and appreciated by me. I assume the risk of all conditions during the Reach the Beach - Oregon bicycle event and waive all specific notice of the existence of such conditions, and I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expense.

I, the undersigned ("Applicant"), also understand that I have applied to participate in a privately-sponsored special event that will use public right of way or public property under the jurisdiction of Yamhill County ("the County"). I am aware that a private sponsor has assumed supervision and control for the duration of the event and that emergency medical services will not be standing by unless provided by the sponsor. I have informed myself as to the level of supervision and control and the type of medical services that will be available. I understand that use of the County's name with the event does not mean that the County will supply any of those services but, instead, the County only has allowed the sponsor to use public right-of-way or public property for the event itself. The County has not inspected the property and makes no representations whatsoever regarding its condition or fitness for a particular purpose. I understand and agree Yamhill County intends to rely on these representations and my knowledge of the event. In partial consideration of permission for me to enter this event, I hereby hold harmless, WAIVE, RELEASE and covenant not to sue Yamhill County, its officers, employees and agents for myself, my heirs, executors and assigns, for any and all claims that may be legally obtainable for personal or bodily injury or property damage that I may suffer arising out of my participation in this event not caused solely by a wrongful act of Yamhill County. By my signature I certify that I am 18 years of age or older or am the parent or legal guardian of the Applicant and make these representations on behalf of my child or ward.

Having read this waiver and knowing these facts and in consideration of my registration acceptance, I hereby agree to release, indemnify ("indemnify" meaning to defend and pay or reimburse) and hold harmless the American Lung Association and Hood To Coast, its directors, officers, employees, agents, sponsors, any personnel (including appointed volunteers) from any and all liability arising out of any injury to person or property, and any other loss, damage or expense arising out of my participation in Reach The Beach - Oregon suffered by me, by a minor participant for whom I sign, by a member of my family, a rescuer, a co-participant or any other person, whether arising from the negligence of a released party or otherwise, to the fullest extent permitted by law. I am aware that this Agreement is a release of liability, a promise not to sue and a contract with the American Lung Association that is binding on my heirs, personal representatives, assigns and family members. I also understand and agree that the American Lung Association and any sponsor may subsequently use, for publicity or promotional purpose, my name or pictures of me participating in this event without liability or obligation to me.

I will wear a helmet approved by ANSI or Snell, for safety, no ear buds or ear phones and will obey the rules of the road.

I agree with the terms and conditions above.

NO REGISTRATIONS will be accepted without a signature.

X _____
PRINT NAME

X _____
Signature (parent/guardian's signature if under 18)

X _____
Date

Please return to:
Reach The Beach - Oregon
c/o American Lung Association
5601 6th Ave S Ste 460
Seattle, WA 98108

or contact us at:
Fax: 206-441-3277
Email: rtb@lung.org www.reachthebeach.org