



**Charles County Sheriff's Office Annual Bike Ride
benefiting United Way of Charles County and Spring Dell Center
26 miles – Indian Head Rail Trail**

**Saturday, March 22, 2014 – Rain Date Saturday, March 29, 2014
Registration/Check in starts at 9:00 a.m. – Flex-Start Time 10:00 a.m.
Village Green Pavilion – 100 Walter Thomas Road, Indian Head, MD**

Registration Form (Please Print)

Registration fee includes Event Backpack, Lunch & Beverages provided by the Town of Indian Head

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 Lunches Requested**

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.

ALL RIDERS 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