



Registration Form
Saturday, August 17, 2019
\$25 per rider, \$60 per Family of 4!**

Name: _____
***Donation /Registration fees on event day (8/17/19) are \$35/\$75.*

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Method: Cash Check Credit Card Total \$ _____

Credit Card # _____ Exp. _____ Sec. Code # _____

Name on Credit Card _____

NOTE: 2019 Pedal for Autism Registration does NOT include a t-shirt. Pre-ordered T-shirts may be picked up on event day. Additional limited sizes will be available for purchase on event day.

Release – Participants Waiver/Release Agreement - As an outdoor activity, the risk for danger and mortal or serious personal/property damage may occur. I assume full responsibility for the risk of personal injury, death, and property damage due to negligence or carelessness of the parties released by this document. On my behalf and on behalf of my heirs, personal representatives and assigns, I hereby release the Illinois Center for Autism, our Board of Directors, all advertisers of this event, and all of their officers, directors, employees and volunteers (“the released parties”) for all claims, or rights to claim compensation for any loss or injury which I may sustain as a result of negligence.

Further, I agree to indemnify and hold the parties released by this document harmless from any such claims or demands. I agree to follow all the laws of the road which apply to cars and bicycles. I agree to wear a bicycle helmet during the event.

Participant’s Signature

Return forms to:
Illinois Center for Autism
Carol A. Madison Campus
548 South Ruby Lane
Fairview Heights, IL 62208
618-398-7500

