## Why support Children's of Alabama?

- We are proud to be a Children's Miracle Network Hospital (CMNH). The CMNH mission is to generate funds and awareness of programs that benefit children and affiliated hospitals.
- 100% of your donation stays in the community in which they are raised to benefit our participating CMNH. Every dollar raised touches a child's life.
- We are the only freestanding hospital in Alabama dedicated solely to caring for children.
- Children are treated based on need, not their ability to pay. No child is ever turned away.
- CMNH provides care for 17 million patients per year.
- Hospitals affiliated with CMNH treat children from all walks of life and with all types of afflictions – cancer, heart, birth defects, AIDS, muscular disease, cerebral palsy, accident, burn, abused victims, etc.
- Children's of Alabama treats children from every county in Alabama and each of the surrounding states.
- We are licensed for 332 beds.
- OUR KIDS NEED YOUR HELP!

Medical *miracles* are part of everyday life at **Children's of Alabama**. Sponsors, event participants and concerned citizens are largely to thank for our success. There are few times in life we can feel certain that we have made a difference in the lives of others around us. This is <u>definitely</u> one of those times! After all, every dollar we raise will remain in our state to benefit our own ill, injured and abused children at a place where children are cared for based on their need and not their ability to pay. Your participation helps to make this promise reality! Always remember when helping **Children's of Alabama**, everyone wins ... <u>especially</u> our kids!

If you cannot attend this event, donations may be mailed to:

Children's of Alabama c/o Trail Ride P. O. Box 978 Dothan, AL 36302





P. O. Box 978

Dothan, AL 36302

Phone (334) 678-9039

Fax (334) 722-4729

Fax (374) CHII DBENS AI OBG



Presents the

12th Annual Saddle-Up for
Children's of Alabama
Trail Ride



May 18, 2013

Ride Starts @ 1:30 PM (CST)

(In the event of rain, ride date will change to June 1.)

**LOCATION:** From Abbeville, on Hwy 95 South, veer right on C.R. 53 below SunSouth. Approximately 2 miles. Watch for Horse Club signs.

**PLEASE**, no alcohol or smoking. Must have a current negative Coggins. *Coggins will be checked at gate upon arrival.* 

Admission only: \$15 for riders

¢5 for non rider

\$5 for non-riders.

Cookout immediately following the ride. Join us for the fellowship even if you do not plan to ride!

PARTICIPANT FORM

#### **HOW TO PARTICIPATE**

- Complete the rider information.
- Set a goal for yourself by picking the prizes you want and obtaining enough sponsors to earn them. Use additional forms if needed. START TODAY!
- Ask your family and friends to sponsor you. Ask businesses to sponsor you. The more sponsors you have, the better chance of winning prizes and the greater benefit for the Children's of Alabama patients.
- DO NOT GO DOOR TO DOOR.
- Check all riding gear for safety. Wear comfortable clothes.
- Bring your completed sponsor form to register on the day of the event. If under 19, be sure your parent or guardian has signed the form.
- Donations are accepted and are tax-deductible.

### **SAFETY TIPS**

- We ask owners of horses that are known to kick other horses or people to tie a red ribbon on its tail.
- Have riders check all equipment before starting.
- Always wear a helmet while riding

### HERE IS WHAT YOU CAN WIN!

(Prizes are limited to participants and riders who collect money.)

#### **TOP THREE FUNDRAISERS:**

(Raising a minimum of \$250) Will receive a *special* gift from Children's

### PARTICIPANTS RAISING \$150

COA on the go mug, CMN bag, CMN t-shirt

### PARTICIPANTS RAISING \$100 CMN bag, CMN t-shirt

PARTICIPANTS RAISING \$50

CMN t-shirt

More importantly, you will be helping critically ill, injured and abused patients at Children's of Alabama.

We would like to be a sponsor of this special event and agree to donate the following:

| <br> | <br> | <br> |  |
|------|------|------|--|
| <br> | <br> | <br> |  |
| <br> |      |      |  |
|      |      |      |  |
| <br> | <br> |      |  |
|      |      |      |  |
| <br> | <br> | <br> |  |
| <br> | <br> |      |  |
|      |      |      |  |
|      |      |      |  |
| <br> | <br> | <br> |  |
|      |      |      |  |
|      |      |      |  |
|      |      |      |  |
| <br> | <br> | <br> |  |
| <br> |      |      |  |
|      |      |      |  |

# VALUE OF DONATED ITEM(S):

| Door prize(s) may be picked up        |    |
|---------------------------------------|----|
| * Please see (name)                   | to |
| retrieve gift item(s) for Trail Ride. |    |

\*\*\* Tax-letter for "In Kind" gift(s) will be mailed upon receiving this completed form with signature and gift item(s). Thank you!

#### WAIVER, RELEASE and INDEMNITY AGREEMENT:

I hereby release, waiver, discharge and covenant not to sue The Children's Hospital of Alabama, Children's of Alabama, Children's Miracle Network hospitals, Saddle-Up ride sponsors, their staff, agents, event hosts, volunteers, from liability, all loss or damage, including costs, medical bills, property damage, attorney's fees and demands thereof on account of injury to myself and/or any personal representatives, heirs, and next of kin whether caused negligence of myself or otherwise. Furthermore, I release any photos, slides, audio, videotapes, etc. that might contain my image, words and actions in future use for promotional and/or informational activities as deemed appropriate by TCHA and all rights shall inure to benefit of TCHA. I have read this release and hold harmless agreement and I fully understand it. I have voluntarily signed it. I agree that no oral representations, statements, or inducements apart from this agreement have been made. \*\*\* IM-PORTANT: PARTICIPANT UNDER AGE 19 CAN NOT SIGN THIS FORM: ONLY THEIR PARENT OR GUARD-IAN MAY SIGN ON THEIR BEHALF.

| Participant Signature             | Date                    |
|-----------------------------------|-------------------------|
|                                   |                         |
| Parent/Guardian Signature         | Date                    |
| A J.J.                            |                         |
| Address                           |                         |
| State, Zip                        |                         |
| Email                             |                         |
| Total raised:                     | *** Those who           |
| collect more than \$50, please ci | rcle vour t-shirt size. |

For more information, please contact:

ADULT: Small Medium Large X-Large XX-Large

S (6-8)

M(10-12)

Leigh Watford—334.585.5588

**YOUTH**: XS (2-4)

- Deborah Maddox—334.585.5013
- Angie Sherrill—334.678.9039