

9th Annual Great Pumpkin Ride

Registration Form



Amount of Donation to St Jude \$ _____ Shirt Size: Adult

S M L XL

Name: _____ Phone #: _____
Address: _____ Cell Phone # _____
City: _____ (Required if you carry your cell phone on the ride)
State: _____ Zip: _____ e-mail address: _____

100 Mile Ride _____

35 Mile Ride _____

10 Mile Ride _____

65 Mile Ride _____

Please Select Event

Release Form

In signing this release, I, for myself, heirs, executors, administrators, and assigns, do hereby waive any and all claims I may have for damages against the St. Jude Runners Association, the St. Jude Children's Research Hospital in Memphis, TN, and the St. Jude Midwest Affiliate in Peoria, IL, the sponsors, the cities in which I run, and any other parties connected with this event. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically fit and trained to participate in this event.

The St. Jude Runs are committed to providing an environment that is free of discrimination. In keeping with this commitment, we maintain a strict policy prohibiting unlawful harassment, including sexual harassment. Our policy prohibits harassment in any form, including verbal, physical, and visual harassment. Any participant or volunteer who believes he or she has been a victim of such conduct should promptly report the facts of the incidents and the names of the individuals involved to any Run Leader, Run Coordinator, or Run Office employee.

I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

SIGNATURE: _____ DATE: _____

Mail Pre-Registration Form To:

P.O. Box 3998
Lafayette, LA 70502

Contact:

(337) 896-8872

carlenaclause@aol.com

Make checks payable to: St. Jude Children's Research Hospital