

2004 TEAM C.U.R.E.
3rd Annual
Missions Family Bike Tour

Benefiting: The American Cancer Society

Participant's Name _____

Parent or Legal Guardian's Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Participant's Date of Birth _____

Helmets are mandatory! No Registration Fee, but Donations are Welcomed!!!!

Waiver: In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless Team C.U.R.E., its members, sponsors, organizers, volunteers, affiliates, the American Cancer Society, its officers, employees, sponsors, organizers, volunteers, or any other parties connected with this event from and against any blame and liability for any injury, harm, loss, inconvenience, or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Team C.U.R.E. Missions Family Bike Tour.

Notice: Waivers/Releases of participants under the age of 18 must be signed by a parent or legal guardian. The participant must be accompanied by an adult (21 or older).

I certify that I have read this waiver and release and understand its significance.

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Mail Registration form and Donation Check to: Team C.U.R.E. (MFBT)
10014 Cedaredge Dr.
Houston Texas 77064