

LPAD – Charity Sponsored Bicycle Tour – Registration Form

Saturday, July 12th 2014, “Kléckebierg”, Fennange. More info: www.lpad.org.lu

To be filled put by the Bicycle Rider:																																																																																	
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RELEASE WAIVER
All riders MUST wear a helmet!

In consideration of being permitted to participate in any way in the LPAD Bike Ride, I, for myself or assigned heir, representative, or next of kin:

- Acknowledge, agree and represent that I understand the nature of the activity and am qualified to participate. I agree to obey all state and local traffic laws.
- Fully understand that the activity involves risk and dangers of serious bodily injury.
- Hereby release, discharge, and covenant not to sue LPAD, from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of LPAD, including negligent rescue operation.

I agree that my, or the registrants, photograph, video or voice may be used in promotional or advertising materials for LPAD with no compensation due.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, AND have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding, shall continue in full force and effect.

I have read the notes on the following page, I fully understand them and comply by them.

Sign and Date here:



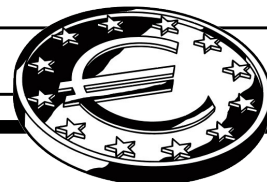
Notes:

- The rides are designed for all levels of fitness and can be taken at your own pace.
- The event is in no way competitive.
- It is not a race.
- You will help a fellow bike rider if he needs help, even if this means sacrificing your own time or effort.
- Children under 14 years of age must be accompanied by an adult.
- The minimum age for the event is 11 years of age, on the day of the event. If an individual is younger than 18 years of age, a parent or guardian will be required to be available at the event.
- You acknowledge that bike riding can be a dangerous sport and that you are at risk of injury by participating in this ride.
- You take part entirely at my own risk. You agree that you should seek medical advice from your general practitioner if you are in any doubt as to your physical ability to participate in this event.
- This registration form is to be signed by the bike rider and his or her parent or guardian.
- This registration form is to be handed over to LPAD 3 days before starting the bike tour.
- All rides are at your own risk. Please ensure that you have your own third party insurance (check your house insurance).
- A meal is available for each rider for free in Fennange, “Kléckebierg”, during the afternoon and evening of 12th July, 2014.
- Wear a helmet!
- Make sure your bicycle is in fit shape and mechanically sound before setting off. Rental bikes will be available, contact LPAD for details.
- Abide by the law and respect others on the road and on the bicycle tracks.
- Minimum Sponsorship for participating is €25.-
- Cash donations are to be put in an envelope, to be handed in with the registration form and fully documented: Rider, Donor and Amount.

You have read these notes, you fully understand them and comply by them.

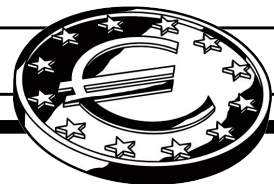
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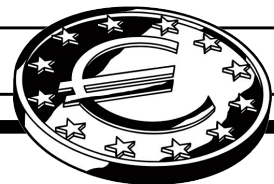
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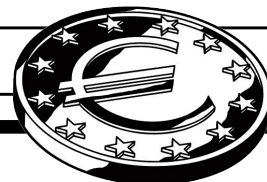
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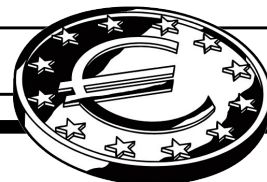
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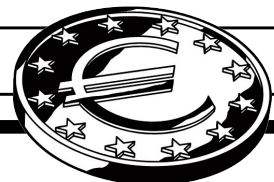


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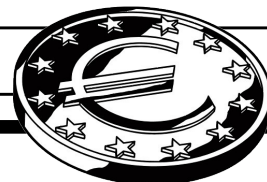
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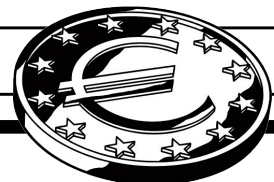


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Family Name: <input style="width: 100%; height: 20px;" type="text"/>	
Email: <input style="width: 100%; height: 20px;" type="text"/>	
Donation amount: € <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Send Bill via email: <input type="checkbox"/> / post: <input type="checkbox"/>
Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Signature:
First Name: <input style="width: 100%; height: 20px;" type="text"/>	Donation type: <input type="checkbox"/> Donation per km <input type="checkbox"/> Fixed amount donation <input type="checkbox"/> Other donation, see rider page
Family Name: <input style="width: 100%; height: 20px;" type="text"/>	
Email: <input style="width: 100%; height: 20px;" type="text"/>	
Donation amount: € <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Send Bill via email: <input type="checkbox"/> / post: <input type="checkbox"/>
Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Signature:

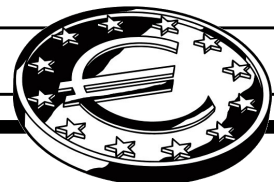
To be filled out by Sponsors (PLEASE WRITE CLEARLY):



First Name: <input style="width: 100%; height: 20px;" type="text"/>	Donation type: <input type="checkbox"/> Donation per km <input type="checkbox"/> Fixed amount donation <input type="checkbox"/> Other donation, see rider page
Family Name: <input style="width: 100%; height: 20px;" type="text"/>	
Email: <input style="width: 100%; height: 20px;" type="text"/>	
Donation amount: € <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Send Bill via email: <input type="checkbox"/> / post: <input type="checkbox"/>
Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Signature: <input style="width: 100%; height: 40px;" type="text"/>
First Name: <input style="width: 100%; height: 20px;" type="text"/>	Donation type: <input type="checkbox"/> Donation per km <input type="checkbox"/> Fixed amount donation <input type="checkbox"/> Other donation, see rider page
Family Name: <input style="width: 100%; height: 20px;" type="text"/>	
Email: <input style="width: 100%; height: 20px;" type="text"/>	
Donation amount: € <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Send Bill via email: <input type="checkbox"/> / post: <input type="checkbox"/>
Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Signature: <input style="width: 100%; height: 40px;" type="text"/>
First Name: <input style="width: 100%; height: 20px;" type="text"/>	Donation type: <input type="checkbox"/> Donation per km <input type="checkbox"/> Fixed amount donation <input type="checkbox"/> Other donation, see rider page
Family Name: <input style="width: 100%; height: 20px;" type="text"/>	
Email: <input style="width: 100%; height: 20px;" type="text"/>	
Donation amount: € <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Send Bill via email: <input type="checkbox"/> / post: <input type="checkbox"/>
Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Signature: <input style="width: 100%; height: 40px;" type="text"/>



To be filled out by Sponsors (**PLEASE WRITE CLEARLY**):



First Name: <input style="width: 100%; height: 15px;" type="text"/>	Donation type: <input type="checkbox"/> Donation per km <input type="checkbox"/> Fixed amount donation <input type="checkbox"/> Other donation, see rider page
Family Name: <input style="width: 100%; height: 15px;" type="text"/>	
Email: <input style="width: 100%; height: 15px;" type="text"/>	
Donation amount: € <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Send Bill via email: <input type="checkbox"/> / post: <input type="checkbox"/>
Address: <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>	Signature: <input style="width: 100%; height: 40px;" type="text"/>
First Name: <input style="width: 100%; height: 15px;" type="text"/>	Donation type: <input type="checkbox"/> Donation per km <input type="checkbox"/> Fixed amount donation <input type="checkbox"/> Other donation, see rider page
Family Name: <input style="width: 100%; height: 15px;" type="text"/>	
Email: <input style="width: 100%; height: 15px;" type="text"/>	
Donation amount: € <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Send Bill via email: <input type="checkbox"/> / post: <input type="checkbox"/>
Address: <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>	Signature: <input style="width: 100%; height: 40px;" type="text"/>
First Name: <input style="width: 100%; height: 15px;" type="text"/>	Donation type: <input type="checkbox"/> Donation per km <input type="checkbox"/> Fixed amount donation <input type="checkbox"/> Other donation, see rider page
Family Name: <input style="width: 100%; height: 15px;" type="text"/>	
Email: <input style="width: 100%; height: 15px;" type="text"/>	
Donation amount: € <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Send Bill via email: <input type="checkbox"/> / post: <input type="checkbox"/>
Address: <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>	Signature: <input style="width: 100%; height: 40px;" type="text"/>

