

# Registration Form

## 2010 Trap Pond Partners "GET IN GEAR" Family Bike Rally

*Saturday May 1, 2010 • Rain Date: Sunday, May 2, 2010*

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

Registration Fee: \$5.00 Per Person or \$20.00 Per Family

NAME	SHIRT SIZE					AGE	ENTRY FEE
	S	M	L	XL	XXL		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Mail this form to:  
**Trap Pond State Park**  
 c/o Betty Grossmann  
 16161 Goose Nest Road  
 Laurel, Delaware 19956  
 302-875-5088

Make checks payable to: **Trap Pond Partners** TOTAL \$ \_\_\_\_\_

**Waiver/Release:** I/we understand that my/our registration fee is non-refundable. In signing this release, I/we acknowledge that I/we understand this intent thereof and I/we hereby agree and will absolve and hold harmless the Trap Pond Partners, Trap Pond State Park, sponsors, organizations and any other parties connected with this event in any way, singularly, or collectively, from and against any blame and /or liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in any activities associated herewith. I/we also hereby consent to permit emergency treatment in the event of injury or illness. I/we also give full permission for the use of my name and photograph in connection with this event.

**EVERY RIDER UNDER THE AGE OF 16 MUST WEAR A HELMET. NO EXCEPTIONS.**

Signature of Adult Participant, Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Registration Form (for a friend)

### 2010 Trap Pond Partners "GET IN GEAR" Family Bike Rally

*Saturday May 1, 2010 • Rain Date: Sunday, May 2, 2010*

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

Registration Fee: \$5.00 Per Person or \$20.00 Per Family

NAME	SHIRT SIZE					AGE	ENTRY FEE
	S	M	L	XL	XXL		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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 c/o Betty Grossmann  
 16161 Goose Nest Road  
 Laurel, Delaware 19956  
 302-875-5088

Make checks payable to: **Trap Pond Partners** TOTAL \$ \_\_\_\_\_

**Waiver/Release:** I/we understand that my/our registration fee is non-refundable. In signing this release, I/we acknowledge that I/we understand this intent thereof and I/we hereby agree and will absolve and hold harmless the Trap Pond Partners, Trap Pond State Park, sponsors, organizations and any other parties connected with this event in any way, singularly, or collectively, from and against any blame and /or liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in any activities associated herewith. I/we also hereby consent to permit emergency treatment in the event of injury or illness. I/we also give full permission for the use of my name and photograph in connection with this event.

**EVERY RIDER UNDER THE AGE OF 16 MUST WEAR A HELMET. NO EXCEPTIONS.**

Signature of Adult Participant, Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_