

Presenting
Sponsor



W.E. Cross
Charitable
Foundation,
Inc.

Wheels for Meals Jack O'Hollaren Annual Bike Ride



Saturday, June 3, 2023



REGISTRATION FORM

Delaware
www.SussexCyclists.org

AGE: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Email Address: _____

Circle Ride Miles: 10 25 40 65 100

Circle T-Shirt Size: S M L XL
(adult size only)

****Must register by April 15, 2023 to receive T-Shirt****



Registration is easy:

www.mealsonwheels-lr.org
<https://www.bikereg.com/mowlr>



or drop your completed paperwork off at the MOWLR office located at:
32409 Lewes Georgetown Highway Lewes, DE 19968 or call 302-645-7449

****Signed Liability Release must accompany all registration forms****

Wheels for Meals

Jack O'Hollaren Annual Bike Ride

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (“AGREEMENT”):

In consideration for being permitted to participate in any way in the 2023 Wheels for Meals Annual Bike Ride (“ACTIVITY”) on June 3, 2023 an event held by Meals on Wheels Lewes-Rehoboth & Sussex Cyclists, I, for myself, my personal representatives, assigns, heirs and next of kin:

1. **ACKNOWLEDGE**, agree and represent that I understand the nature of bicycling activities and that I am qualified to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. **UNDERSTAND** that all participants in the Activity are required to wear **BICYCLING HELMETS**, and I agree to properly wear a bicycle helmet while riding a bicycle as part of any event connected with the Activity.
3. **FULLY UNDERSTAND** that (a) **BICYCLING ACTIVITIES INVOLVE RISKS and DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“RISKS”)**; (b) these Risks and dangers may be caused by my own **NEGLIGENCE OF THE “RELEASEE” NAMED BELOW**; (c) there may be **OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation in the Activity.
4. **HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** Meals on Wheels of Lewes-Rehoboth, Sussex Cyclists and their administrators, officers, volunteers, staff, agents and employees; other participants; and any other sponsors, advertisers and, if applicable, owners and leasers of premises on which the Activity takes place (hereinafter referred to collectively as the ‘**RELEASEES**’) **FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES OR DAMAGES SUFFERED ON MY ACCOUNT AND PROXIMATELY CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE AND/OR RECKLESSNESS OF THE RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS. FURTHERMORE, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL DAMAGES, INCLUDING COSTS, ALLEGED BY ANY THIRD PARTY TO HAVE ARISEN OUT OF OR HAVE BEEN CAUSED BY MY OWN NEGLIGENT AND/OR RECKLESS CONDUCT. I FURTHER AGREE TO PAY THE RELEASEES’ REASONABLE ATTORNEYS FEES AND COSTS ASSOCIATED WITH DEFENDING ANY THIRD-PARTY ACTION ARISING IN WHOLE OR IN PART FROM MY OWN NEGLIGENCE AND/OR RECKLESS CONDUCT.**
5. I **GIVE** Meals on Wheels Lewes-Rehoboth **UNRESTRICTED PERMISSION** to use and/or publish pictures of me for promotional purposes. I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that the photographer has taken of me or the use to which it may be applied. I further release Meals on Wheels Lewes-Rehoboth from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the proper commercial or artistic use of images.
6. I understand that my registration information will not be shared or released to other businesses for solicitation purposes. 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 complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of the agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

SIGNATURE:

Signature of rider or legal guardian if under 18

Date

PRINTED NAME:

Name of rider & guardian if applicable



Wheels for Meals

Jack O'Hollaren Annual Bike Ride

Saturday, June 3, 2023

First Name: _____ **Last Name:** _____

I plan to bike at least _____ **miles** for **Meals on Wheels Lewes-Rehoboth**

Dear Potential Sponsor,

I am participating in the **Jack O'Hollaren Wheels for Meals** Annual Bike Ride. All proceeds will benefit the Meals on Wheels program. Every \$6.00 raised will provide one hot meal. You can sponsor me for an amount per mile and can name a maximum amount that you are willing to contribute. Please make checks out to **Meals on Wheels Lewes-Rehoboth**. If you would like to use a credit card, you can call the MOWLR office at **(302) 645-7449** and submit your information. They will keep track of all pledges made by phone. **All contributions are tax deductible.** Thank you!

	Name of Sponsor	Pledge/ Mile (Example: \$6.00)	Maximum Pledge	Amount Collected	Sponsor Phone/ E-mail
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Please bring this form along with your money to the **MOWLR Office:**
32409 Lewes Georgetown Highway
Lewes, DE 19958

prior to the event date; or turn in at registration.

Please contact the MOWLR office at **(302) 645-7449** for more information.



Delaware
www.SussexCyclists.org

