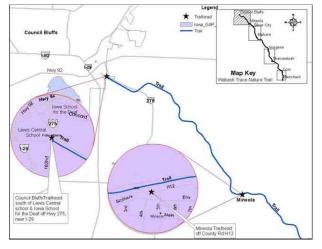
Wings of Hope Cancer Support Center's

# JOURNEY OF HOPE BIKE RIDE/WALK

Ride your bike or walk on the Wabash Trace Nature Trail and help raise funds and awareness for Wings of Hope Cancer Support Center.

- 10 mile 1 way ride to
  Mineola OR 4 mile round
  trip ride to the 1st SAG stop
- 2 mile walk
- T-shirts (for those 13 & up)
- SAG's at the turn-around,

#### Mineola, and registration



## **Event Information**

**<u>Registration:</u>** 1:30—2:00 p.m. Council Bluffs Trailhead, south of Lewis Central High School.

**<u>Ride/Walk Starts:</u> 2:00 p.m.** Registrations will be accepted the day of the ride, but t-shirts are not guaranteed after September 1.

#### NO RAIN DATES, NO REFUNDS

**Family Fun Ride:** 2:15 p.m. Take a short ride out to our 1st SAG stop, a relaxed 4 mile loop. For riders 12 and under, the cost is \$5.00 (no t-shirts). **Riders under 18 must ride with a parent or guardian.** 

#### SAG Support:

Wings of Hope will have a roving SAG vehicle to provide assistance and pick up cyclists in distress.

For your safety, <u>HELMETS ARE REQUIRED!</u>

For information, please contact: Carolyn Ettinger at 712/325-8970 or carolyn@wingsofhope.org.

### LIABILITY WAIVER

The liability waiver must be signed by each participant prior to participation.

I know that riding or walking on a trail is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with participating in this event including (but not limited to): falls, contact with other participants, the effects of the weather (including high heat and/or humidity), traffic and the condition of the trail, such risks being known and appreciated by me. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Wings of Hope Cancer Support Center, Southwest Iowa Nature Trails, the city of Council Bluffs and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, though that liability may arise out of negligence or carelessness on the part of persons named in this waiver. I also hereby consent to emergency treatment in the event of injury or illness and understand that all entry fees are non-refundable.

I HAVE READ THE ABOVE RELEASE OF LIABIL-ITY AND WAIVER AGREEMENT, FULLY UNDER-STAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITH-OUT ANY INDUCEMENT.

Participant Signature	Date
Parent/Guardian (for minor under 18)	Date
All participants under 18 must be ad	

Proceeds of ride benefit Wings of Hope Cancer Support Center

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