

Shifting Gears for Down Syndrome registration

8th Annual Shifting Gears for Down Syndrome

Family Bike Ride

in partnership with the

Down Syndrome Association of Minnesota



money raised goes towards WeAllPlay's efforts to build an Inclusive Playground and Miracle Field in Owatonna

August 4, 2018

21 Mile Ride – 8:30 a.m. * 8.6 Mile Ride – 9:00 a.m.

Lake Kohlmier, Owatonna, MN

Last Name _____ First Name _____

Contact Number (_____) _____

Street Address _____

City, State, Zip Code _____

Email Address _____

Emergency Contact and Phone Number _____

Please put the number of shirts you need of each size (1 per rider)

Shirt Size (adult) S ____ M ____ L ____ XL ____ XXL ____

Shirt Size (youth) XS ____ S ____ M ____ L ____ XL ____

Shirts cannot be guaranteed if registered after July 26, 2017

Check one:

_____ 21 mile ride _____ 8.6 family ride

Number of riders in each age group:

_____ Rider age 3 – adult: \$5.00 _____ Young Rider age 0 - 2: \$0.00

****We are keeping the rider registration fee low in hopes that you will consider making an additional donation to the Inclusive Playground and Miracle Field. Please visit www.weallplayowatonna.com or donate the day of the ride.**

****Make checks payable to Shifting Gears for Down Syndrome**

In consideration of the acceptance of my entry, I, the undersigned, intending to legally bound myself, my Heirs, Executors, and Administrators, do hereby release any and all sponsors of this ride, and their representatives, successors, and assigns, from any and all liability arising for illness or injuries I may suffer as a result of my participation in this ride. I attest and verify that I am physically fit and have sufficiently trained for this ride. I also understand and agree that any sponsor may subsequently use for publicity and/or promotional purposes my name and/or photographs, videotapes, motion pictures and recordings of my participation in this event without obligation or liability to me. I also understand that entry fees I pay are not refundable. I have read the foregoing and certify my agreement by signature below.

Signature: _____ Co-Signature _____

Mail completed form to: Amanda Gislason: 1501 Gray Fox Dr. NE, Owatonna, MN 55060