

Shifting Gears for Down Syndrome registration

## 9th 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 3, 2019

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](http://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