

HISTORIC TUNNEL WALK

Location:
Downtown Mobile, AL

Registration online at www.active.com

Registration on site:
7:00 a.m. - 7:45 a.m.

Start Time:
8.15 a.m.

Distance 1.8 Miles

Food, fun and entertainment.

All registered participants eligible.

T-Shirts provided for each participant while supplies last. All pre-registered participants guaranteed.

Interested participants, families and kids are invited to The Tunnel Walk. This event will be advertised to the general public and will include a special notice to the original participants who walked through the Bankhead Tunnel when it was dedicated in 1941.

Register online at:
www.active.com

www.epilepsyfoundation.org/alabama
www.mobilevelo.org



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 **EPILEPSY
FOUNDATION®**
ALABAMA
Not another moment lost to seizures™
Office Park 3
273 Azalea Road, Suite 310
Mobile, AL 36609-1970

Day of Registration: Ride and Walk

**Day of Registration Ride and Walk starts
at Bienville Square, corner of St. Joseph
and St. Francis St., Mobile, AL.**

SHARON'S RIDE/HISTORIC TUNNEL WALK FOR EPILEPSY



RIDE/HISTORIC TUNNEL WALK
Saturday, September 26, 2009
Downtown Mobile, AL



"In Memory of Sharon Rosenfeld"



SHARON'S RIDE

Location:

Downtown Mobile

Registration:

7:00 - 7:45 a.m.

Ride Options:

Ride A: 9 miles – 8:00 a.m.

Ride B: 25 miles – 8:00 a.m.

Ride C: 58 miles – 8:00 a.m.

Course closes at 1:00 p.m.

Register online at:

www.active.com

www.epilepsyfoundation.org/alabama

www.mobilevelo.org

Food, fun and entertainment.

All registered participants eligible

T-Shirts provided to each participant

while supplies last. All pre-registered

participants guaranteed.



2009 Sharon's Ride/Historic Tunnel Walk • Mail-In Registration Form

Name _____

Address _____

City _____

State _____ Zip _____

Phone (Home): _____

Phone (Work): _____

E-Mail: _____

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits, and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate

Register me as:

Sharon's Ride \$30 (\$35 day of event)
minimum age for all bikers is 14 years old

Historic Tunnel Walk \$20
\$25 for family of 4, \$5 for each additional member

Please Circle T-Shirt Size: S M L XL XXL

I am not able to participate in Sharon's Ride,
but want to make a donation. Enclosed is my check for:

\$1000 \$500 \$100

\$50 \$25 OTHER \$ _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

In this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The Epilepsy Foundation of Alabama and Mobile Velo, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, and event volunteers, the City of Mobile and its agents; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Mail to:
Epilepsy Foundation of Alabama
Office Park 3,
273 Azalea Rd, Suite 310
Mobile, AL 36609
Make check payable to:
Sharon's Ride/Epilepsy Foundation
of Alabama

for info call
251-341-0170
register online at
active.com

I hereby certify that I have read this document, and I understand its content.

Print Participant's Name _____ Age _____

Signature _____ Date _____
(if under 19 years old, parent or guardian must also sign)

PARENT/GUARDIAN WAIVER FOR MINORS (under 19 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Parent's Name _____ Age _____

Signature of Parent or Guardian _____ Date _____

HELMETS ARE REQUIRED FOR RIDERS