



Entry Form

ALPHA BIKE BASH AND 30K RIDE

All proceeds directly benefit Alpha clients and programs.

Ride is from Matthews Beach through Marymoor Park to Crossroads Park in Bellevue. Registration begins at 8 a.m. Ride begins at 9 a.m. on Saturday, July 31, 2010. Call 206.284.9130 for route and other information, go to www.alphasls.com.

Last name: _____ First Name: _____

Street address: Home Work _____

City: _____ State: _____ ZIP: _____

Daytime Phone: Cell Work Home _____

Email address: _____

Date of Birth: _____ Gender: _____

Entry Fee: \$30.00

Make checks payable to: Alpha Supported Living Services
2611 NE 125th Street, Suite 145
Seattle, Washington 98125

Attached is an additional, tax-deductible contribution of \$ _____ to benefit ASLS.

Are you interested in volunteering for Alpha? YES NO
Availability/Interests _____

PLEASE NOTE: Signature required on second page of form

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

WAIVER & RELEASE

I know that participating in a bike ride, regardless of the distance, includes an element of risk. I should not enter and participate in the Alpha 30K Ride unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to compete in this event safely and I further agree that event officials may authorize necessary emergency treatment for me. I also understand that, although police protection will be provided, both vehicle traffic and spectators may be present along the course and I assume the risk of participating in this event including, but not limited to, illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of weather, and the surface conditions of the roads and sidewalks, all such risks being understood and appreciated by me. As a bike rider and ride participant, I agree that I am fully responsible for my own safety, and I acknowledge all responsibility for any claim made by any other participant arising from collision with my bicycle. Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Alpha Supported Living Services, its event sponsors, event officials, volunteers and all other sponsors, suppliers, independent contractors, employees and any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind of nature whatsoever arising out of my participation in this event, even though liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver. I also understand & agree that event officials and/or sponsors may subsequently use, for publicity or promotional purposes, my name or pictures of me in this event without liability or obligation to me. Entries from minors will be accepted only with a parent's or legal guardian's signature.

Indemnification: You agree to indemnify and hold each of Alpha Supported Living Services and its sponsors harmless from and against any and all damages, costs, claims or demands, including reasonable attorneys' fees, made by any third party due to or arising from or relating to the violation of any term of this Agreement and Waiver.

Severability: You further expressly agree that this Agreement and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any provision of this Agreement and Waiver shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and Waiver and shall not affect the validity and enforceability of any remaining provisions.

BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Participant

Date

Signature of Parent/Legal Guardian

Date