



2023 OFH RRW HOUSEHOLD REGISTRATION FORM

Morning of Saturday, September 30 | OFHRRW.org



**Submit your completed form,
signed waiver (see other side), and donation...**

- **MAIL** to PO Box 341695, Milwaukee WI 53234
- **DROP OFF** at 1212 S Layton Blvd, Milwaukee WI 53215 during office hours (Monday - Thursday, 8 am - 4:30 pm)
- **EMAIL** a scan or photo of your form to info@outreachforhope.org.

The pre-event registration deadline is Monday, Sept. 25! If we don't receive your registration by this date, we can't guarantee that you will get a box lunch or t-shirt.

EACH FAMILY MEMBER WHO REGISTERS BY 9/25 WILL RECEIVE A FREE...

- **T-Shirts** - Write Youth M or L, Adult S, M, L, XL, XXL, or XXXL; and short- or long-sleeved. Write "no t-shirt" to opt out. **Register by 9/8 at noon to get your church's team name on the back of your shirt!**
- **Boxed lunch** - If you have dietary concerns or allergies, we suggest bringing your own lunch

FAMILY MEMBER #1	Name	Birthdate	T-Shirt Size	Short- or Long-Sleeved?
FAMILY MEMBER #2	Name	Birthdate	T-Shirt Size	Short- or Long-Sleeved?
FAMILY MEMBER #3	Name	Birthdate	T-Shirt Size	Short- or Long-Sleeved?
FAMILY MEMBER #4	Name	Birthdate	T-Shirt Size	Short- or Long-Sleeved?
FAMILY MEMBER #5	Name	Birthdate	T-Shirt Size	Short- or Long-Sleeved?
FAMILY MEMBER #6	Name	Birthdate	T-Shirt Size	Short- or Long-Sleeved?

SITE / ROUTE OPTIONS:

- **Dousman:** Bike Ride (14-mile trail or 30-mile road), Fun Run (5K), Walk (2 mile), Fellowship-Only
- **Grafton:** Bike Ride (14- or 30-mile trail), Fun Run (5K), Walk (2 mile), Fellowship-Only
- **Kenosha:** Bike Ride (13-mile trail and 25-mile road), Fun Run (5K), Walk (2 mile), Fellowship-Only
- **Milwaukee:** Fun Run (5K), Walk (2 mile), Fellowship-Only

Select **"Fellowship-Only"** if you plan to attend, but won't be volunteering or participating in a ride, run or walk.

Want to sign up as a volunteer? Please contact us at 414-671-1212 to let us know before registering.

HOUSEHOLD INFORMATION (all fields required unless otherwise noted)	Site	Route(s)	Lunch? (Y/N)
	Congregation (name and city)		
	Home Address	Birthdate	
	Phone	Email (OPTIONAL)	
	Emergency Contact Name	Emergency Phone	

There is no set registration fee -- just pay what you can. Your donation goes towards our overall event goal of raising \$160,000 for grants to our Ministry Partners. THANK YOU!

Yes, I would like to make a donation of \$_____ (checks payable to **Outreach for Hope, Inc.**)

I have completed and included a Waiver(s) of Liability Agreement for my household.

**RELEASE AND WAIVER OF LIABILITY AGREEMENT FOR
OFH FAMILY RIDE RUN WALK PARTICIPANTS
(COMPLETE ONE FORM PER HOUSEHOLD)**

I acknowledge and understand that bicycling is an action sport carrying risk of serious personal injury, death or property damage. I also acknowledge and understand that there are natural, mechanical and environmental conditions and risks which independently or in combination with my activities may cause severe or even fatal injuries to me or others. I acknowledge that the trail routes for the Outreach for Hope Family Ride Run Walk travels on paved and unpaved off-road trails which cross roads also used by motorized vehicles; and that the road routes are on village, county and state roads which are used by motorized vehicles, the dangers of which are acknowledged and expected. I also acknowledge the Family Ride Run Walk involves groups of persons with a corresponding risk of transmission of the novel coronavirus COVID-19.

In spite of these known and understood dangers, I agree to accept all responsibility for the risks, conditions and hazards that may occur whether they now be known or unknown. I agree that I alone am responsible for: (a) my safety while participating in the Family Ride Run Walk and/or training for this event (b) providing, utilizing and maintaining that equipment necessary for the safe enjoyment of my participation in this event, and (c) practicing safe social distancing and any necessary use of face covering to prevent transmission of COVID-19. I specifically acknowledge that Outreach for Hope, Inc. ("OFH"), its staff, volunteers, agents, cooperating organizations, and/or sponsors are not responsible for my safety. In recognition of the above, I agree to RELEASE and WAIVE any and all claims of negligence against OFH, its staff, volunteers, agents, cooperating organizations, sponsors, and any other entities or individuals connected with this event in any way. Notwithstanding the above, this is not a release and waiver of intentional or reckless acts.

Further, I agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities identified above associated with OFH, generally and specifically, from any and all liability, claims of negligence, harm, loss, or damages suffered or sustained as a result of my participation in this event. This Release and Waiver of Liability Agreement shall apply to my own claims and/or the claims of third parties relating to my participation in this event, and shall be binding upon my heirs and assigns.

I grant to OFH, its agents, representatives and employees the right to take photographs of me and my property in connection with the Family Ride Run Walk. I further authorize OFH to copyright, use and publish the same in print and/or electronically. I agree that OFH may use such photographs of me with or without my name solely for the purpose of promoting the activities and mission of OFH through publicity, illustration, advertising, and web content. I understand that my authorization cannot be revoked in the future if I should change my mind.

I have read this agreement, fully understand that I have given up substantial rights by signing it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional RELEASE and WAIVER of LIABILITY, within its terms, to the greatest extent allowed by law. I acknowledge having read and agreed to the terms of this RELEASE and WAIVER of LIABILITY. I acknowledge and agree that if the terms of this agreement are not acceptable, I have the choice and option to forego participation in this voluntary event.

Signature of Responsible Party: _____ Date: _____