



Saturday 23
June 2012

3rd Annual

RIDE For the Children!

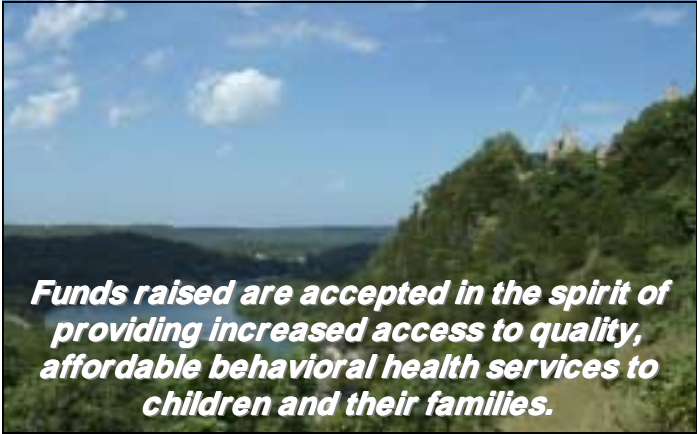
Benefit ride with all proceeds going to the For the Children Foundation.



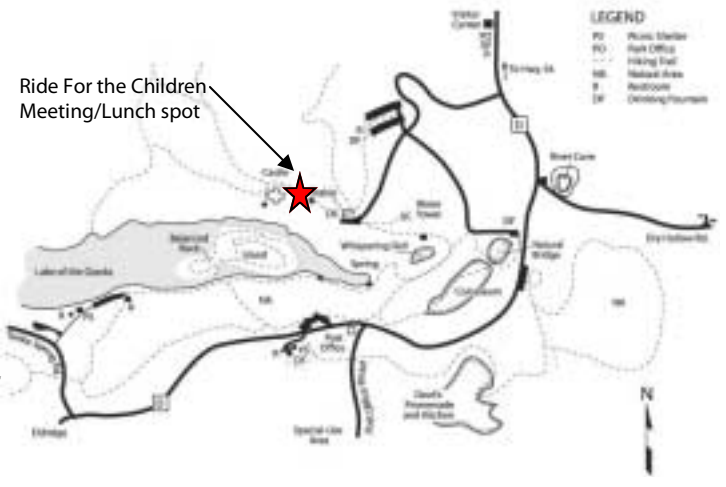
Join us on a motorcycle ride to beautiful Lake of the Ozarks State Park! The entrance is at Hwy 42E & 134 East of Osage Beach, picnic shelter just past the Lee C. Fine Airport and the riding stables

Groups leaving from multiple locations:
Clinton, Rolla & Jeff City
Or create your own group/starting location!

COST:
\$20 per driver
\$5 per passenger
Lunch & souvenir patch included!
* Lunch served from 12 to 1 p.m.



To register for the ride, contact Judy Cavender at jcavender@pbhc.org or 660.890.8090
forthechildren-forthefuture.org



For the Children ...
For the Future!

Ride for the Children Registration Form

Participant Information:

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone Number: _____ Cell Number: _____
Email Address: _____

In Case of Emergency, please provide a contact:

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone Number: _____ Cell Number: _____

Payment Information (\$20 per driver, \$5 per passenger):

Cash (Amount Paid \$____). Received by: _____ on _____.
 Check (Amount Paid \$____, Check # ____). Received by: _____ on _____.
 Credit Card
Please charge \$____ to my: VISA MC AmericanExpress
Card Number: _____ Expiration Date: _____
Name on Card: _____ Billing Address: _____
Signature: _____ City, State, ZIP: _____

Please read and sign waiver, then send your registration to:

By Mail:
For the Children Foundation
ATTN: Judy Cavender
1450 East 10th Street
Rolla, MO 65401

By Email:
jcavender@pbhc.org

By Fax:
(816) 318-2475

In case of inclement weather, an email will be sent to all riders stating the cancellation of the event. All monies will be considered a charitable donation and your souvenir patch will be mailed with your tax deductible donation receipt.

RELEASE AND WAIVER OF LIABILITY

I, the undersigned, wish to participate in the Motorcycle Ride for the Children (the "Activity") sponsored by the For the Children Foundation. I understand that the Activity includes a motorcycle ride to and luncheon at Lake of the Ozarks State Park.

I acknowledge and understand the risks involved in the Activity, including the possibility of injury occurring while engaging in the Activity, and fully assume the risk for any injury or loss connected with my participation in the Activity. I grant the releases and waivers described below in exchange for being allowed to participate in the Activity.

I, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD OR WARD PARTICIPATING IN THE ACTIVITY, HEREBY RELEASE AND FOREVER DISCHARGE FOR THE CHILDREN FOUNDATION, MIDWEST BEHAVIORAL HEALTHCARE MANAGEMENT, INC., ROYAL OAKS HOSPITAL AND PATHWAYS COMMUNITY BEHAVIORAL HEALTHCARE, INC. (COLLECTIVELY, THE "FOUNDATION"), EACH OF ITS PARENT ENTITIES, SUBSIDIARIES, AND OTHER AFFILIATED ENTITIES, EACH SUCCESSOR OR ASSIGN OF ANY OF THE FOREGOING, AND EACH DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE, AGENT, OR OTHER REPRESENTATIVE OF ANY OF THE FOREGOING, FROM ALL DUTIES, OBLIGATIONS, LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION ARISING OUT OF OR IN ANY WAY RELATING TO THE ACTIVITY OR TO ANY INJURY OR LOSS THAT MAY BE SUSTAINED AS A RESULT OF OR IN ANY WAY CONNECTED WITH PARTICIPATION IN THE ACTIVITY.

I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE FOUNDATION, ITS AGENTS AND ITS SERVANTS, AND ALL OTHER PERSONS, FIRMS AND CORPORATIONS, OF AND FROM ANY LOSS LIABILITY DAMAGE OR COSTS THEY MAY INCUR DUE TO MY PARTICIPATION IN THE ACTIVITY AND MY ACTIONS OR THE ACTIONS OF MY CHILD OR WARD WHILE PARTICIPATING IN THE ACTIVITY.

If I am an employee or spouse or child of an employee of the Foundation, I acknowledge that participation in the Activity is wholly voluntary, not a condition of continued employment or otherwise related in any way to employment with Foundation, and that commuting to and from the Activity is not within the scope of employment with the Foundation. I further agree that the Foundation did not directly or indirectly order participation in the Activity and no wages, travel expenses or other compensation will be paid for participating in the Activity.

By signing below, I acknowledge that I have read and fully understand the meaning of this Release and Waiver of Liability and freely agree to be bound by its terms. The provisions of this Release and Waiver of Liability are severable, and the invalidity of any provision shall not affect the validity of any provision hereof.

Print Name

Date

Signature

Signature of Parent or Guardian