



For more information,
visit our Web site at www.stjude.org/trike
or call 1.800.626.BIKE (2453).

Please detach and return this form to your child's daycare center/pre-school within one week of receipt.

Parent or Guardian Permission/Consent

Yes, I want my child to participate in the **Trike-A-Thon** for St. Jude Children's Research Hospital.

My child's name: _____

My child's school: _____

My name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Parent/Guardian Signature _____ Date _____

Consent to participation and waiver, release and indemnity agreement

The undersigned individual for himself/herself and his/her children or ward(s) (collectively and individually referred to as the "Undersigned"), in consideration of allowing the Undersigned to participate in the Trike activity that may include participation through internet based, online activities (referred to as the "Event") for the benefit of St. Jude Children's Research Hospital, Inc., ("St. Jude"), the Undersigned hereby consent(s) to the participation in the Event and voluntarily agree(s) not to bring suit, to forever release, to hold harmless, indemnify and defend St. Jude, American Lebanese Syrian Associated Charities, Inc., ("ALSAC"), the Municipalities, Counties, or other local governments in or through which the Event may take place or is conducted, and any other person, entity or sponsor connected with the Event, their respective directors, agents, employees (collectively the "Released Parties"), from all claims, actions and liabilities of any type (including, but not limited to, damages for personal injury or death) that the Undersigned, at any time, may have that in any way arise out of the Event, including any negligent act or failure to act by the Released Parties.

The Undersigned represents that he/she is physically fit, has engaged in the appropriate training and has the physical skills to participate in the Event. The Undersigned acknowledges and agrees that by participating in the Event, there is a possibility of accidental or other physical injury, death, damage or loss. The Undersigned further agrees to assume all risk of death, personal injury or loss and any type of damage which the Undersigned may suffer as a result of participating in the Event.

The Undersigned agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation.

ALSAC and St. Jude do not sell, rent or loan any personally identifiable information to anyone not acting on their behalf. If any provision of this Agreement is found invalid by a court of competent jurisdiction, the remaining provisions shall not be affected and shall be enforced.

IMPORTANT: ENTRANTS UNDER AGE 18 CANNOT SIGN THIS FORM; ONLY THEIR PARENT OR GUARDIAN MAY SIGN ON THEIR BEHALF.

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