



## **Registration Form**

**March 6, 2010**

Waiver: I acknowledge I am participating at my own risk and hereby waive liability of any and all claims against Synergy Total Fitness, Glowfit LLC, and Northland Family Help Center, it's sponsors and related persons for personal injury, death, or property damage related to my participation in Synergy's Healthy Spin on Life this March 6, 2010. I consent to medical treatment deemed necessary by the medical team.

Signature: \_\_\_\_\_

Rider Name: \_\_\_\_\_ phone # \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ phone# \_\_\_\_\_

Age: \_\_\_\_\_ I will be riding as: circle one individual / team

Team (team name): \_\_\_\_\_ # of team members: \_\_\_\_\_

\*\*\*Teams are expected to ride relay style, we are unable to guarantee simultaneous riding.

### Money Collection:

-All checks are made payable to the Northland Family Help Center

-All monies are to be collected at the time of sponsorship

-Please bring all funds to Synergy Total Fitness on day of event

-Refer all sevicees donated to Synergy right away for follow-up - 928.779.7888