Saddle-Up for St. Jude

Rider's Name

Address

City, State, Zip Code

Telephone

If you collect $125 or more, circle your sweatshirt size.	If you collect $35 or more, circle your T-shirt size.
Adult size: L XL	Adult size: M L XL
Child size: 14-16	Child size: 10-12 14-16

WAIVER, RELEASE AND INDEMNITY AGREEMENT

The undersigned individual for himself or herself, his or her spouse and/or his or her children or ward (hereinafter collectively and individually referred to as the "Undersigned"), for and in consideration of allowing the Undersigned to participate in _____activity (hereinafter referred to as the "Event") and /or in consideration of the opportunity to participate in the purposes, objectives, and work of St. Jude Children's Research Hospital, Inc., American Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other local governments in or through which the Event takes place or is conducted, and any other person, entity or sponsor connected with the Event, and their respective officers, directors, agents and employees and their heirs, executors, representatives, administrators, successors, and assigns (hereinafter collectively referred to as the "Released Parties"), the Undersigned does hereby voluntarily and forever releases and discharges the Released Parties and their respective officers, directors, agents and employees from any and all claims, actions, and/or liability of any type or kind (including, but not limited to, damages for personal injury) that the Undersigned at any time may have or sustain as a result of participating in the Event and/or in any way receiving goods, services, instruction in any way or anything else connected with the Event, by or as a result of any action or inaction of the Released Parties and/or their respective officers, directors, agents and employees or other acts or omissions of any type or kind relating to the Event, regardless of wherever the event is held. The Undersigned fully understands, acknowledges and agrees that by participating in the Event there is a possibility of accidental or other physical injury. Nonetheless, the Undersigned further agrees to assume the risk of personal injury, and any and all other risk or any loss or injury of any type or kind whatsoever, including loss of use and any other indirect or consequential damages which the undersigned may suffer, resulting directly or indirectly, wholly or in part, from the Event, and further agrees to indemnify and hold harmless the Released Parties, their respective officers, directors, agents and employees from any and all loss, cost or expense suffered, and claims, demands, actions, damages and judgments of any nature asserted against the Released Parties as a result of the Undersigned's participation in the Event.

In the event any provision of this Waiver, Release and Indemnity Agreement is found invalid or unenforceable by a court of competent jurisdiction, the remaining provisions shall not be affected thereby and shall be enforced to the extent permitted by law.

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

_____
PARTICIPANT SIGNATURE

_____ DATE:_____
PARENT/GUARDIAN SIGNATURE

SPONSORS

Dear Sponsor:

Please help St. Jude Children's Research Hospital by pledging 25¢, 50¢ or more per mile rode or a flat donation of $5, $10 or more. For the safety and convenience of the rider, we request that you do not give cash. Please make your tax-deductible check payable to St. Jude Children's Research Hospital.

St. Jude participates in Corporate Matching Gift programs and would appreciate your help in obtaining matching gifts for your donations. Please obtain a matching gift form from your company, complete all the employee information and turn it in with your pledged dollars. We appreciate your help.

Thank you for your support of our life-saving research and treatment programs.

A x B = C + D + E = F

Sponsor's Name *(Please Print)*	Sponsor's Address Street City State ZIP	Phone	Amount Pledged per Mile	Total Miles Completed	Total Pledge	Flat Donation	Matching Gift Amount	Total Donation

Total pledge per mile $_____ x Total number of miles _____ = Total pledge due $_____ + Donations $_____ + Matching Gifts $_____ = Grand Total $_____

TOTAL MILES VERIFIED BY_____(Official's Initials)

GRAND TOTAL COLLECTED FOR RESEARCH $