



**Waiver for the 2017 SC Ride for Life: (Must be signed by the participant)**

In acceptance of entry, I for myself my heirs and assigns, release Foothills Pregnancy Care Center, sponsors, officials and volunteers from any and all liability arising from illness, injury or damages that I may suffer as a result of my participation in, traveling to, or traveling from this event. I realize that this is a strenuous event that requires proper physical conditioning. I hereby certify that I am in such physical condition and good health. I know that there may be traffic on the course. I assume the risk of this event. I also give my permission for free use of my name and picture in broadcast, telecast or written account of the event. I understand that my entry fee is nonrefundable.

Printed Name: \_\_\_\_\_

Signature (Parent if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

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**Emergency Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to cyclist: \_\_\_\_\_