

# The Fall Run

Sponsored by Custom City Cycle

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## Registration Form (must be completed)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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**Make Checks Payable to:**  
Shriners Hospital-Springfield Unit  
Donation Amount: \$ \_\_\_\_\_

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## Tee Shirt Order Form

\$15 each (Please add \$3.00 per shirt for shipping if applicable)

Checks Payable to: Custom City Cycle

Small - Medium - Large - XLarge - XXLarge - XXX-Large

(Enter the quantity desired in the box above the appropriate size or sizes)

TEE SHIRT AMOUNT DUE: \$ \_\_\_\_\_

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RELEASE: I agree that Custom City Cycle, the Shriner's, Mohawk Park, and the Fall Run Staff shall not be liable or responsible for any injury to me or any guest or damage to our property, during the Fall Run ride and related activities, even where the damage or injury is caused by negligence (except willful neglect). I understand that my guest and I participate in this event voluntarily and at our own risk. I understand that this means that my guest and I agree nor to sue the parties named above for any injury, damage, or loss to our property or us resulting from or in connection with this event. By signing this release, I certify that my guest and I have read this release and fully understand it.

Rider: \_\_\_\_\_ Passenger: \_\_\_\_\_  
Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

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Attention Group Riders: If you are planning to ride with a group please get together before you enter Bowe Field. Thank You.

Donation: \$ \_\_\_\_\_

Tee Shirts: \$ \_\_\_\_\_

Shipping: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_