

**Entry Form: "Squeal n Wheel To Heal"**

**Mail Form to:** **Squeal N Wheel 2 Heal**  
P.O. Box 330  
Pulaski, TN 38478

**Make Check Payable to:**  
"Squeal N Wheel 2 Heal"

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

**Child / Teen** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Male**  **Female**  **T-Shirt** S M L XL

**Ride Option:** **6 mile**  **30 mile**  **65 mile**

- Adult Rider \$30**
- Child / Teen Rider \$20**
- Family Riders \$35 One Child & Parent**

T-Shirts will be limited in quantity please register early Release and Waiver Statement. In consideration of the acceptance of my entry, I, the undersigned participant, for myself, for my family members, heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge and hold harmless any sponsors, owners, and operators of motor vehicles and officers, directors, employees, volunteers, and lessors of any of the foregoing persons or entities from any and all liability, whether resulting from negligence, whether a pre-ride, post-ride activity or the ride itself. I also expressly covenant with the aforementioned persons and entities not to sue any such persons and entities for any such activity, including the negligence of any such persons or entities. I certify and represent by my application for entry that my physical condition is adequate to participate safely in the Squeal n Wheel to heal and I hereby acknowledge that the above persons and entities have no obligation to provide medical care and have not undertaken the responsibility to do so. In the event that I receive medical care as a result of a medical emergency, I hereby consent to such care and fully release the person(s) providing such care from any and all liability, whether resulting from negligence or otherwise. I hereby certify that I have fully read the foregoing release, waiver, and covenant not to sue, and to sign it voluntarily. I also agree to abide by all traffic laws and to wear a helmet at all times during the ride.

**Signature of Parent or Guardian if under 18**

\_\_\_\_\_ Date \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_