

# RIDE WALK 'N ROLL



## ORCHARD PLACE

The mission of Orchard Place is to develop strong futures for children and youth with mental health and behavioral challenges.

As a nationally recognized leader in children's mental health and juvenile justice services, Orchard Place has served Iowa's children for more than 125 years. Last year, Orchard Place served more than 9,000 children through three branches of service- Child Guidance Center, PACE Juvenile Center and Orchard Place Campus.

### RIDE, WALK 'n ROLL • REGISTRATION FORM

Make checks payable to: Orchard Place

Mail to: Attn: Lindsey Qualley, 925 SW Porter Ave., Des Moines, IA 50315

To get a t-shirt, your registration must be received by 9/9/11

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone number \_\_\_\_\_

T-shirt size: (One per rider)

Youth S\_\_ M\_\_ L\_\_

Adult S\_\_ M\_\_ L\_\_ XL\_\_ 2XL\_\_ 3XL\_\_ NO SHIRT PLEASE\_\_\_\_

I plan to participate in:	Individual: \$20	_____
1/3 Mile Walk _____	Under 12 : FREE	_____
5/25 Mile Ride _____	BIG WHEEL ONLY: \$10	_____
Big Wheel 3yr _____	Promo Code	_____
4yr _____		
5yr _____	<b>Total</b>	_____

I hereby, for myself, my heirs, executors and administrators, waive all rights and claims for damages I may or hereafter have against individuals associated with this event, their agencies, and representatives, for any injuries suffered by me in said event. I certify that I have full knowledge of the risks involved in this event and that I am physically fit to participate in it and have no medical conditions that prevent my participation. I consent to receive medical treatment deemed advisable in the event of injury, accident, or illness during this event. I give permission for the use of my name and picture in any broadcast, telecast, or print media in account of this event.  
(Signature of parent or legal guardian if under 18 is needed.)

Signature \_\_\_\_\_

Date \_\_\_\_\_