

**ADM Foundation, Inc.**

[www.admfoundation.com](http://www.admfoundation.com)

**4<sup>th</sup> Annual Vreeland Charity Ride & Auction  
Saturday August 1, 2009**

**Pre-registration:**  **YES**, Sign me up in advance, so I have more time to eat, talk and be merry.

\$25.00 per rider. Includes T-shirt Size: \_\_\_\_\_

\$20.00 per passenger. Includes T-shirt Size: \_\_\_\_\_

All of the above also includes one raffle ticket, food and soda.

**Registration: 9:00-11:00am @ Rollin Fast Cycle Sports  
104 Main St.  
Lebanon, NJ 08833**

Make check or money order payable to: **ADM Foundation, Inc.** and mail to : **ADM Foundation, Inc.**  
201 Strykers Rd  
Suite #19, Box 200  
Lopatcong, NJ 08865

**YOUR PRE-ENTRY MUST BE RECEIVED BY JULY 1, 2009**

Rider Name: \_\_\_\_\_ Passenger Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**WAIVER:** In consideration of my entry in the ADM Foundation Inc.'s 4<sup>th</sup> Annual Vreeland Charity Ride & Auction, I hereby waiver, release and discharge any and all claims for damages, injury and property damage which I may have, or which may hereafter accrue to me as a result of my participation in said event. This release is intended to discharge in advance the promoters, sponsors, the promoting club, all municipalities and public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my participation in the tour. I understand the risks involved in participating in such an event. I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned. All prizes and drawings are final. Prizes are non-transferable, and the ADM Foundation, Inc. reserves the right to change or substitute prizes at any time.

**Signature of Rider:** \_\_\_\_\_

**Signature of Passenger:** \_\_\_\_\_

**Signature of Parent if Participant in Under 18:** \_\_\_\_\_

