

Kiwanis Doernbecher Children's Cancer Program
Supporting



DOERNBECHER
CHILDREN'S
Hospital



Salem Kiwanis Club and Division 70 invites you to participate in our

**"Salem 3-2-1 Family Fun Ride supporting Kiwanis Doernbecher
Children's Cancer Program (KDCCP)"
Sunday, June 16, 2019, 1:30 - 5:30 on Father's Day**

The routes are 8 miles or 15 miles all on paved park trails.
Enjoy 3 parks and ride along the Willamette River.

Funds are raised by

- Rider entry fee (\$25/Rider)
- Rider +1 entry fee (\$40)
- Family entry fee (\$65/Family)
- **Ghost Riders** (\$0) You don't have to ride. You just get a list of donors, collect their donations and mail the donations in. As a ghost rider you will be with us "in spirit," helping support the fight against childhood cancer

Ride Description

1. Start riding at Riverfront Park Pavilion in Salem. The ride will go across the Union Street Bridge to explore the softball fields and boat launch at Wallace Marine Park.
2. Return to Riverfront Park to see the Willamette Queen, Gilbert House Children's Museum, Playground, and Carousel
3. Cross the new Peter Courtney Bridge and enter Minto Island Park to enjoy the bike trails along the Willamette River.

**Registration & Donation Forms Available for downloading/printing at
<https://www.kdccc.org/salem-3-2-1-bike-ride/>**

**Pre-Registered Rider Check-In and Day-of-Ride Registration starts at
1:30 PM Sunday, June 16, 2019 Ride starts at 2:30 PM**

Registration Form

Salem Kiwanis Club's

3 Parks, 2 Bridges, 1 Cause Family Fun Ride supporting KDCCP

Sunday, June 16, 2019 1:30 - 5:30 on Father's Day

Starting Location: Riverfront Park, 200 Water St NE, Salem, OR, 97301

Mail Completed Registration Form to

George Chesley, KDCCP (Salem-3- 2-1-Ride) Treasurer

20241 RAE ROAD, BEND, OR 97702

Rider Check-ins and Day-of-Ride Registration at 1:30 PM

Preferred distance 15 Miles ____ (Start Time 2:30 PM) or 8 Miles ____ (Start Time 2:40 PM)

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

Registration fees: \$25.00/Rider, \$40/Rider +1, \$65.00/Family or \$0.00 /Ghost Rider

____ Registration _____ Register me as a Ghost Rider
____ Donations Donor Form with Donations is
____ Total Enclosed ___ Attached ___ Will be turned in on 6/16/19
___ I want to volunteer on Ride Day T-Shirt Size S ___ M ___ L ___ XL___ XXL ___

Waiver and Release of Liability I recognize this is NOT a race. I hereby waive all claims against Kiwanis Doernbecher Children's Cancer Program, Doernbecher Children's Hospital, Oregon Health & Science University, The Doernbecher Children's Hospital Foundation, The Oregon Health & Science University Foundation, Kiwanis International Pacific Northwest District, Division 70, Kiwanis Clubs, and their sponsors for any personal injury I might suffer in this event. I attest I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event Certificate of Liability Insurance provided by the Hylant Group Inc-Indianapolis, Insured for Kiwanis International, All Clubs and Their Members

Signature _____ Parent or Guardian if rider is under 18 years _____