



## RIDE ACROSS BELIZE REGISTRATION FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Email address \_\_\_\_\_

### Stages Registered:

Stage I \_\_\_\_\_ Stage II \_\_\_\_\_ Stage III \_\_\_\_\_ Stage IV \_\_\_\_\_

Branch Registered: \_\_\_\_\_

### RELEASE FORM

I, (print name) \_\_\_\_\_ the undersigned do hereby release the Ride Across Belize Organizers and SSB, its members and associates, and all other persons associated with this event in any capacity, from any liability due to injuries, etc., I may incur as a result of my attendance and/or participation in this event. Furthermore, I hereby waive any compensation whatsoever for the use of pictures, movies, media coverage, etc., utilized by those associated with this event. I clearly understand the potential risks associated with this activity. I am fully aware of my medical condition and hereby certify that I am mentally and physically fit to participate in this event.

\_\_\_\_\_  
Signature (of parent if under 18 years)

\_\_\_\_\_  
Date

Note: Registration will be done at the beginning of each stage. Please fill the form and have it ready together with your payment. Make sure you receive your receipt of payment.

**“Every Mile can Save a Child, Ride for a Cause, Ride for Health.”  
Give the Gift of Life!**



[www.giftoflifebelize.org](http://www.giftoflifebelize.org)

