



Cops Cycling for Indiana C.O.P.S. (Concerns of Police Survivors)



Cops Cycling for Indiana COPS is a bicycle ride matched by no other organization. It consists of police officers, family and friends of law enforcement officers who have given their lives in the line of duty bicycling nearly 1,000 miles around the perimeter of Indiana. The cyclists will ride 7-8 hours averaging 70 miles per day. The ride will take place from **July 21 to August 2, 2008**. The maximum number of riders per day is 25 with police and survivors getting first consideration. Decide how many and which days you want to ride and check the appropriate boxes below. Registration forms are due no later than **July 1, 2008** to Rich Crawford (see contact info. below). All cyclists must raise a minimum of **\$50.00 per day**. These donations are **due** to the Indiana COPS office by **July 14, 2008**. Make all checks payable to and mail to Indiana COPS, P.O. Box 556 Shelbyville, IN 46176.

July 21 22 23 24 25 26 27 28 29 30 31 **Aug** 1 2
Miles 71 71 42 50 37 79 97 65 70 82 85 90 73

I wish to participate as a RIDER SUPPORT

Full Name: _____ Age: _____ Blood Type: _____ Health Insurance: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Dept., Agency, Sponsor, or Survivor of: _____

Emergency Contact: Full Name: _____ Relation: _____

Home Address: _____

Business Name & Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Waivers and Disclaimers

In consideration of the foregoing, I for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any of the sponsors, organizers, police departments, Indiana Concerns of Police Survivors for any and all claims of damages, demands or loss actions whatsoever which may arise as a result of my participation in this event. I understand and acknowledge that participating in this bicycling event may expose me to dangers from both known and unanticipated risks. I attest and verify that I am physically fit and have sufficiently trained for the event and my physical condition has been verified by a licensed medical doctor or if not, I waive said examination to participate. Further, I grant full permission to any and all of the foregoing to use my likeness for any legitimate purpose whatsoever. I have read, understand and agree to the above release and hereby place my signature to this form. Those under 18 must have signature of guardian.

PARTICIPANT SIGNATURE: _____ DATE: / /

Mail Application and Direct Questions to:

Rich Crawford
6035 W. Richman Dr.
New Palestine, IN 46163
(317) 623-5076
Rncraw4d@comcast.net

To Order a Cycling Jersey Contact:

Stephen Knight
(317) 446-7624
k4279@indygov.org
Orders must be received by June 1, 2008
To view photos go to www.indianacops.org