

**SUNDAY
AUGUST 28**

**REGISTRATION
AT 6:30 AM**

**RIDE BEGINS
AT 7:30 AM**

DEPART / RETURN

Fattie's Orland Park
14420 John Humphrey Dr.

PRE-REGISTRATION

Ride open to age 12 and older. Cost is \$25 per person. All proceeds benefit Special Olympics Illinois. Make checks payable to Special Olympics Illinois.



**ALL PARTICIPANTS ARE STRONGLY
ENCOURAGED TO WEAR BICYCLE HELMETS!**

ORLAND PARK POLICE DEPARTMENT

QUESTIONS?

✉ kkelly@orlandpark.org

☎ 708-364-8104

**ANNUAL
BICYCLE RIDE
FOR SPECIAL OLYMPICS
ILLINOIS**



**MAZDA
OF ORLAND PARK**



Papa Joe's
Italian Cuisine



**SILVER LAKE
COUNTRY CLUB**

**SUNDAY
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**RIDE BEGINS
AT 7:30 AM**

15-MILE COURSE

The ride will begin and end at Fattie's in Orland Park. The ride will travel through picturesque Orland Park and end back at Fattie's. This is NOT a race but a leisurely-paced ride through Orland Park. A water break is held midway through the ride. A complimentary buffet with coffee and soft drinks will be available at Fattie's following the ride.

FORMS WILL NOT BE ACCEPTED AT THE ORLAND PARK POLICE DEPARTMENT OR VILLAGE HALL AFTER FRIDAY, AUGUST 26TH.

THANK YOU TO:

Mayor Keith Pekau
Village Clerk Patrick R. O'Sullivan

Trustee William R. Healy
Trustee Cynthia Nelson Katsenes
Trustee Michael R. Milani
Trustee Sean Kampas
Trustee Brian J. Riordan
Trustee Joni J. Radaszewski

ORLAND PARK PD ANNUAL BICYCLE RIDE FOR SPECIAL OLYMPICS ILLINOIS

REGISTRATION FORM

(Print all information. Make checks payable to Special Olympics Illinois.)

Last Name: _____ **Home Phone:** _____

Address: _____

City/Zip: _____ **Cell Phone:** _____

Family Member's First & Last Name	Gender	Age	T-Shirt Size

Read this form carefully and be aware that in registering for and participating in the program above, you will be waiving and releasing all claims for injuries that you or the above participants may sustain while participating in the program.

To participate in Village of Orland Park programs, all persons age eighteen or older are required to sign the Waiver and Release of All Claims Form. As a parent or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages or loss which I, or the participants listed above, may sustain as a result of participating in any and all activities with or associated with the program.

I agree to waive and relinquish all claims that I, or the above participants, may have as a result of participating in the programs, against the Village of Orland Park, its officers, agents, servants and employees.

I do hereby fully release and discharge the Village of Orland Park, its officers, agents, servants and employees from any and all claims for injuries, including death, damages or loss which I, or the above participants, may have or which may occur to me (us) as a result of participating in this program.

I further agree to indemnify and hold harmless and defend the Village of Orland Park and its officers, agents, servants and employees from any and all claims resulting from injuries, including death and loss sustained by me or the above participants and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the above program registration information, policies and waiver releasing the Village of Orland Park of all claims.

Mandatory signature of participant, parent or legal guardian

Date

Rider #

