



**LEA REGIONAL
MEDICAL CENTER**
proudly sponsors the

“Roll For The Cure”

Cycling Event - 25, 50, & 100K Route Options

**Benefitting the
American Cancer Society &
Relay For Life**

August 15, 2009

**New Mexico Junior College
Hobbs, NM**

Registration: 7:00 am

Start Time: 8:00 am

\$15/cyclist

This cycling event is fully supported by the City of Hobbs!

**Marked Course, Ride Marshalls, Motorcycle Escort,
Hydration Stations, SAG Van**

**Supported by
Southeast New Mexico Cycling**

www.senmcycling.org

Registration form

First name

Last name

Mal

☐

Female

☐

Age

Mailing address _____

Phone _____ Email _____

Race: 25K Ride ☐

50K Ride ☐

100K Ride ☐

Name of team _____ Team Captain _____

Shirt size: S ____ M ____ L ____ XL ____

Release for Lea Regional Medical Center "ROLL FOR THE CURE". Must be signed by all participants or guardians.

The undersigned agrees to indemnify and hold harmless the (LRMC) Lea Regional Medical Center (Corporate Name: Community Health Systems) from all costs, expense, and liability arising out of my (or) my dependent's participation in the event of "Roll for the Cure" along with the cycling events to benefit Relay For Life-Hobbs ACS. I do hereby waive all claims for damage or lost to me or my dependents' persons or property which may be caused by an act, or a failure to act by Lea Regional Medical Center (LRMC) (Corporate Name: Community Health Systems) and it's sponsors and partners or any employee or agent of Lea Regional Medical Center or its listed or not listed sponsors and partners for the event of Roll for the Cure (and all it's events including the cycling events) held on Saturday, August 15, 2009, arising directly or indirectly from me or my dependent's participation in this event and I hereby assume liability for any loss, damage or other liability from such event. I grant full permission for the organizers to use photos videos film any record of this event in which I or my dependents may appear for any legitimate purposes.

Signature (signature of parent or guardian if participant is a minor)

Entry Fee: \$15 per cyclist

Make Checks payable to:

American Cancer Society

or

register by credit card at
www.yourhobbs.com

Mail completed form and check to:

Lea Regional Medical Center
c/o Michelle Wilson
5419 N. Lovington Hwy
Hobbs, NM 88240

Or fax to 575-492-5505
Attn: Michelle Wilson

