

WORD ON WHEELS™ GLOBAL MINISTRIES, INC.
EVENT WAIVER, RELEASE & CONSENT

SAFETY IS THE PRIMARY CONCERN OF WORD ON WHEELS™ GLOBAL MINISTRIES, INC. (W.O.W.™), THE TERRI SCHINDLER-SCHIAVO FOUNDATION (TSSF) AND THE NUMEROUS SPONSORS OF THIS EVENT. PLEASE OBSERVE ALL FEDERAL, STATE AND LOCAL LAWS, AND RIDE/DRIVE SAFELY AND DEFENSIVELY. IF YOU PLAN TO PARTICIPATE IN THIS EVENT RIDING A MOTORCYCLE. W.O.W.™, TSSF, AND OUR SPONSORS REQUEST THAT YOU WEAR A HELMET, APPROPRIATE CLOTHING AND EYEWEAR, AND THAT YOUR CO-RIDER (PASSENGER) DOES ALSO. IF YOU AND/OR YOUR PASSENGER CHOOSE TO RIDE WITHOUT A HELMET, YOU DO SO AT YOUR OWN RISK. PLEASE RIDE WITH YOUR HEADLIGHT ON AT ALL TIMES AND NEVER RIDE OR DRIVE A VEHICLE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS OR FATIGUE.

NAME OF THIS EVENT:THE TERRI SCHIAVO MEMORIAL RUN

DATE(S) OF THIS EVENT:MARCH 18 - 31, 2008

LOCATIONS FOR

DEPARTURE/DESTINATION: DURANGO, COLORADO to ST.PETERSBURG, FLORIDA

In consideration of WORD ON WHEELS™ GLOBAL MINISTRIES, INC. permitting me (or my child _____), who is under the age of 18) to participate in the above-named event, I hereby, and for my (or my child's) heirs, executors, administrators, assigns, and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE**, that I (or my child) may have against W.O.W.™, TSSF, and the event sponsors, their directors, officers, employees, agents, chapters, assignees, licensees, volunteers and any cooperating entities, their representatives, heirs, executors, administrators, successors and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which I (or my child) may suffer while taking part in the event or any activities connected with the event. This Release extends to any and all claims I (or my child) have or may have against the Released Parties, whether such claims result from negligence on the part of the Released Parties with respect to the event or any related activities or with respect to the conditions (including but not limited to road, weather and traffic conditions), qualifications, instructions, rules, procedures and routes under which the event and related activities are conducted, or from any other cause.

I AM (MY CHILD IS) EXPERIENCED IN AND FAMILIAR WITH THE OPERATION OF MOTORCYCLES/MOTORVEHICLES AND FULLY UNDERSTAND THE RISKS AND DANGERS INHERENT IN MOTORCYCLING AND DRIVING A VEHICLE. I am (my child is) voluntarily participating in the event and I expressly agree to assume sole responsibility for the safe and successful operation of my motorcycle/vehicle, and to accept the entire risk of any accidents or personal injury, including death, which I (my child) might suffer as a result of my (my child's) participation in the event. I further understand that I (my child) assume(s) all risks while participating in this event. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE** any or all of the Released Parties in connection with this event.

Consent also is hereby given to use my (my child's) name, picture, portrait, likeness, writings or biographical information, and audiotape and/or videotape recordings and sound or silent motion pictures of me (my child) in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and/or for any other purpose in the furtherance of the corporate purposes and objectives of W.O.W.™.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any of the Released Parties. This document shall be binding upon me, my (my child's) heirs, executors, administrators and assigns and all legal guardians (of my child).

RIDER/PARTICIPANT #1

CO-RIDER (PASSENGER) #2

Print Name of Rider/Participant

Print Name of Co-Rider (Passenger)

Signature of Rider/Participant

Date

Signature of Co-Rider

Date

Home Address, City, State & Zip Code

Home Address, City, State & Zip Code

Signature of Parent/Legal Guardian (if Rider is under 18) *

Signature of Parent/Legal Guardian (if Co-Rider/Passenger is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which this Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with the appropriate registration form.

(Continued from page 1)

**PLEASE COMPLETE THE FOLLOWING SECTIONS IF THERE ARE MORE THAN TWO (2) PARTICIPANTS INCLUDED WITH THIS GROUP.
IF NO MORE THAN TWO, ENTER "n/a" or "None" IN EACH SECTION. DO NOT LEAVE ANY BLANK SECTIONS.**

RETURN PAGES 1 AND 2 WITH APPLICABLE REGISTRATION FORM(S) AND YOUR PAYMENT(S).

PARTICIPANT(PASSENGER) #3

PARTICIPANT (PASSENGER) #4

Print Name of Rider/Participant

Print Name of Rider/Participant

Signature of Rider/Participant

Date

Signature of Rider/Participant

Date

Home Address, City, State & Zip Code

Home Address, City, State & Zip Code

Signature of Parent/Legal Guardian (if Participant is under 18) *

Signature of Parent/Legal Guardian (if Participant is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which this Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with the appropriate registration form.

PARTICIPANT(PASSENGER) #5

PARTICIPANT (PASSENGER) #6

Print Name of Rider/Participant

Print Name of Rider/Participant

Signature of Rider/Participant

Date

Signature of Rider/Participant

Date

Home Address, City, State & Zip Code

Home Address, City, State & Zip Code

Signature of Parent/Legal Guardian (if Participant is under 18) *

Signature of Parent/Legal Guardian (if Participant is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which this Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with the appropriate registration form.

INSTRUCTIONS FOR "WAIVER, RELEASE & CONSENT" FORM

- 1) Please complete all pertinent information.
- 2) All participants **MUST** sign this document.
- 3) **MUST** legibly include every participant's address.
- 4) **BOTH** pages must be returned. **DO NOT LEAVE BLANK SECTIONS.** Enter "n/a", or "None" where applicable.
- 5) Parent/Legal Guardian **MUST** sign in the presence of a Notary Public and have Notary Certificate [Jurat] attached.

INSTRUCTIONS FOR "EVENT REGISTRATION" FORM

- 1) Please complete all pertinent information.
- 2) **DO NOT SEND CASH !!**
- 3) Address **MUST** be **exactly** as it appears on your billing statements.
- 4) Check payments* **MUST** be in **certified US Funds** (US cashier's checks).
(*Checks will delay your registration until payments have cleared.)
- 5) Money Orders are **ONLY** accepted if purchased through a **US Post Office or US Bank.**
- 6) **ALL** credit card information must be completed **accurately.**
- 7) A bank debit card may be used **ONLY** if a **Visa/Master Card** logo appears on card.
- 8) Registration forms **MUST** be signed by participants/legal guardians.
- 9) Only return Registration Forms for the appropriate number of participants. (Ex: 3 participants = 3 individual Registration Forms)

MAILING INSTRUCTIONS

Send your completed forms to:

**W.O.W. Global Ministries, Inc.
P.O. Box 4276
Durango, CO. 81302 USA**

THE TERRI SCHIAVO MEMORIAL RUN - REGISTRATION FORM

Participant # 1

Name _____ Age _____ Date of Birth ____/____/____

Last
First
Middle
DD
MM
YYYY

Physical Address _____

Street Number
Street Name
City
State/Province
Zip/Postal Code
Country

Mailing Address _____

Street/P.O. Box Number
City
State/Province
Zip/Postal Code
Country

Payment Method: Credit/Debit Card Certified Check US Postal or Bank Money Order
 Credit Card Issuer: Visa Master Card American Express Charged Amount: \$_____.00

Credit/Debit Card Number _____ Expiry Date _____ CVV2 # _____
 My credit/debit card billing statement address is the same as my physical address mailing address, listed above.

Telephone Numbers: Home/Evening (_____) _____ Work/Daytime (_____) _____

Cellular Phone Number: (_____) _____ E-mail: _____

Participant's Signature _____ **Date** _____ **Print Name** _____

Legal Guardian Signature _____ **Date** _____ **Print Name** _____
(if Participant is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which a Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with this registration form.

THE TERRI SCHIAVO MEMORIAL RUN - REGISTRATION FORM

Participant # 2

Name _____ Age _____ Date of Birth ____/____/____

Last
First
Middle
DD
MM
YYYY

Physical Address _____

Street Number
Street Name
City
State/Province
Zip/Postal Code
Country

Mailing Address _____

Street/P.O. Box Number
City
State/Province
Zip/Postal Code
Country

Payment Method: Credit/Debit Card Certified Check US Postal or Bank Money Order
 Credit Card Issuer: Visa Master Card American Express Charged Amount: \$_____.00

Credit/Debit Card Number _____ Expiry Date _____ CVV2 # _____
 My credit/debit card billing statement address is the same as my physical address mailing address, listed above.

Telephone Numbers: Home/Evening (_____) _____ Work/Daytime (_____) _____

Cellular Phone Number: (_____) _____ E-mail: _____

Participant's Signature _____ **Date** _____ **Print Name** _____

Legal Guardian Signature _____ **Date** _____ **Print Name** _____

(if Participant is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which a Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with this registration form.

THE TERRI SCHIAVO MEMORIAL RUN - REGISTRATION FORM

Participant # 3

Name _____ Age _____ Date of Birth ____/____/____

Last
First
Middle
DD
MM
YYYY

Physical Address _____

Street Number
Street Name
City
State/Province
Zip/Postal Code
Country

Mailing Address _____

Street/P.O. Box Number
City
State/Province
Zip/Postal Code
Country

Payment Method: Credit/Debit Card Certified Check US Postal or Bank Money Order
 Credit Card Issuer: Visa Master Card American Express Charged Amount: \$_____.00

Credit/Debit Card Number _____ Expiry Date _____ CVV2 # _____
 My credit/debit card billing statement address is the same as my physical address mailing address, listed above.

Telephone Numbers: Home/Evening (_____) _____ Work/Daytime (_____) _____

Cellular Phone Number: (_____) _____ E-mail: _____

Participant's Signature _____ **Date** _____ **Print Name** _____

Legal Guardian Signature _____ **Date** _____ **Print Name** _____
(if Participant is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which a Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with this registration form.

THE TERRI SCHIAVO MEMORIAL RUN - REGISTRATION FORM

Participant # 4

Name _____ Age _____ Date of Birth ____/____/____

Last
First
Middle
DD
MM
YYYY

Physical Address _____

Street Number
Street Name
City
State/Province
Zip/Postal Code
Country

Mailing Address _____

Street/P.O. Box Number
City
State/Province
Zip/Postal Code
Country

Payment Method: Credit/Debit Card Certified Check US Postal or Bank Money Order
 Credit Card Issuer: Visa Master Card American Express Charged Amount: \$_____.00

Credit/Debit Card Number _____ Expiry Date _____ CVV2 # _____
 My credit/debit card billing statement address is the same as my physical address mailing address, listed above.

Telephone Numbers: Home/Evening (_____) _____ Work/Daytime (_____) _____

Cellular Phone Number: (_____) _____ E-mail: _____

Participant's Signature _____ Date _____ Print Name _____

Legal Guardian Signature _____ Date _____ Print Name _____

(if Participant is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which a Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with this registration form.

THE TERRI SCHIAVO MEMORIAL RUN - REGISTRATION FORM

Participant # 5

Name _____ Age _____ Date of Birth ____/____/____

Last
First
Middle
DD
MM
YYYY

Physical Address _____

Street Number
Street Name
City
State/Province
Zip/Postal Code
Country

Mailing Address _____

Street/P.O. Box Number
City
State/Province
Zip/Postal Code
Country

Payment Method: Credit/Debit Card Certified Check US Postal or Bank Money Order
 Credit Card Issuer: Visa Master Card American Express Charged Amount: \$_____.00

Credit/Debit Card Number _____ Expiry Date _____ CVV2 # _____
 My credit/debit card billing statement address is the same as my physical address mailing address, listed above.

Telephone Numbers: Home/Evening (_____) _____ Work/Daytime (_____) _____

Cellular Phone Number: (_____) _____ E-mail: _____

Participant's Signature _____ **Date** _____ **Print Name** _____

Legal Guardian Signature _____ **Date** _____ **Print Name** _____
(if Participant is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which a Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with this registration form.

THE TERRI SCHIAVO MEMORIAL RUN - REGISTRATION FORM

Participant # 6

Name _____ Age _____ Date of Birth ____/____/____

Last
First
Middle
DD
MM
YYYY

Physical Address _____

Street Number
Street Name
City
State/Province
Zip/Postal Code
Country

Mailing Address _____

Street/P.O. Box Number
City
State/Province
Zip/Postal Code
Country

Payment Method: Credit/Debit Card Certified Check US Postal or Bank Money Order
 Credit Card Issuer: Visa Master Card American Express Charged Amount: \$_____.00

Credit/Debit Card Number _____ Expiry Date _____ CVV2 # _____
 My credit/debit card billing statement address is the same as my physical address mailing address, listed above.

Telephone Numbers: Home/Evening (_____) _____ Work/Daytime (_____) _____

Cellular Phone Number: (_____) _____ E-mail: _____

Participant's Signature _____ **Date** _____ **Print Name** _____

Legal Guardian Signature _____ **Date** _____ **Print Name** _____
(if Participant is under 18) *

*I affirm that I am the Parent/Legal Guardian of the above-named Participant and that I have full authority to authorize his/her participation in the above-referenced W.O.W.™ event for which a Waiver has been duly signed in the presence of a Notary Public and, submitted by me and enclosed with this registration form.