



# Hospice of Laurens County

...because every moment matters.

Hospice of Laurens County celebrates our 32nd year of serving the local community. As the first hospice to open in Laurens County and the only not-for profit we rely on charitable gifts to provide care for people who are uninsured or underinsured. In 2008, we opened a 12 bed state of the art in-patient facility to provide respite stays and symptom management for our patients and their families.

We encourage patients to do what is really important to them at life's end. Our clinical team provides expert medical care so patients can have their best possible day.

**Your participation in Flight of the Dove helps us help others. Here's how:**

- We care for patients who are under insured or uninsured.
- Jaime's Tree House is our children's bereavement program, funded by donations so there is no cost to those who participate.

**For Questions call 864-833-6287 or visit [www.hospiceoflaurenscounty.org](http://www.hospiceoflaurenscounty.org)**

**\*Registration available online:  
[www.active.com](http://www.active.com)**

**\*Event T-Shirt Guaranteed for registrations received by 7.16.21**

**DATE  
August 7, 2021**

**LOCATION (Begin & End)**  
Presbyterian College  
Bailey Memorial Stadium  
(across from Hospice of Laurens County)  
1304 Springdale Drive  
Clinton, SC 29325

## **RIDE OPTIONS**

Metric Century

50 Mile

30 Mile

14 Mile Family Ride

**REGISTRATION OPENS: 6:45AM**

## **START TIMES:**

8AM - Metric Century

8:05am—50/30 Mile Ride

8:10am—14 Mile Ride

## **REGISTRATIONS:**

Pre-Registration: \$40; Same Day: \$45

## **PACKET PICK UP**

*Registration packets may be picked up on Friday,  
August 6, 2021 from 4:00 pm to 6:00 pm at  
Hospice of Laurens County.  
1304 Springdale Drive  
Clinton SC 29325*

## **NOTES**

**\*T-Shirts guaranteed for registrations received by 7.16.21**

**\*Helmets are required for all riders.**

**\*Children under the age of 15 must ride with an adult.**

# **REGISTRATION FORM**

*Please Print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

**\*T-Shirt Guaranteed for Registrants received by July 16, 2021**

**(circle one)**

**Adult Shirt Size:** S M L XL XXL XXXL

**Youth Shirt Size:** S M L (regular t-shirt)

**Ride Option:** Metric Ctry 50 30 14

*Registration Fee* \$ \_\_\_\_\_

*Donation* \$ \_\_\_\_\_

**Total Amount Given** \$ \_\_\_\_\_

Make checks payable to **Hospice of Laurens County**  
Write FOTD in memo blank and mail to:

**Hospice of Laurens County  
P.O. Box 178, Clinton SC 29325**

**PLEASE SIGN RELEASE FORM ON BACK**

**RELEASE FORM MUST BE SIGNED BY ALL PARTICIPANTS. ANYONE UNDER THE AGE OF 18 MUST HAVE A PARENTAL/GUARDIAN SIGNATURE ON THE RELEASE FORM.**

IN CONSIDERATION of being permitted to participate in any way in the Flight of the Dove bike ride, I for myself, my personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISK AND DANGERS OF SERIOUS BODILY INJURY INCLUDING PERMANENT, PARALYSIS AND DEATH ("RISK"); (b) these Risks and dangers may cause by my own actions, or inactions, the actions or inactions of other participants in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE, FLIGHT OF THE DOVE, their officers, administrators, directors, volunteers, employees, participants, sponsors, advertisers, owners and lessors of premises on which the Activity takes place, (each considered on the "RELEASEES" herein) FROM LIABILITY, CLAIMS, DEMANDS, LOSSES, "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OR LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage or cost which any may incur as a result of such claim.

4. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT AND INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FORCE AND EFFECT.

5. I hereby authorize Hospice of Laurens County to publish photographs taken of me and my name and likeness, for use in print, online and video-based marketing materials, as well as other publications. I hereby release and hold harmless Hospice of Laurens County from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release Hospice of Laurens County, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

**Signature**

**Date**

**Parent/Guardian Signature**

# Flight of the Dove

**16<sup>th</sup> Annual cycling event benefitting  
Hospice of Laurens County**

**Metric Century • 50 mile  
30 mile • 14 mile**

**Saturday, August 7, 2021**

**Bailey Memorial Stadium**

Presbyterian College, Clinton, SC

**\$40 Pre-Registration**

**\$45 Same Day Registration**



**Hospice of  
Laurens County**

**1304 Springdale Drive • Clinton, SC 29325**

**Phone: (864) 833-6287**

**[www.hospiceoflaurenscounty.org](http://www.hospiceoflaurenscounty.org)**