

OIL HEAT CARES!



Monday, May 19, 2025

Atlantic City, NJ

# Multi-Event Fund Raiser

## Pledges

(Total minimum required pledge: \$100)



Name	\$ pledged	\$ collected
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		
16. _____		
17. _____		
18. _____		
19. _____		
20. _____		
Totals _____		

All checks made to: **Oil Heat Cares**  
312 North Avenue East, Suite 5, Cranford, NJ 07016

### Registration Form

or register online at [thinkoesp.org](http://thinkoesp.org)Circle one: **Team** or **Individual?**

You can register as an individual or as a team.

**Individual:** \$100 minimum pledge required**Team:** at least 4 participants, \$600 minimum pledge required

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am registering as an ☐ Individual ☐ Team

Team name \_\_\_\_\_

Team contact \_\_\_\_\_

I am participating in:

☐ Bike Ride ☐ Motorcycle ride ☐ Run ☐ Walk

All participants will receive a Care to Ride T-shirt.

T-shirt sizes (please list the number of each size for your team members):

\_\_\_\_ SM \_\_\_\_ MD \_\_\_\_ LG \_\_\_\_ XL \_\_\_\_ XXL

Payment method:

☐ Cash ☐ Payment card ☐ Check #: \_\_\_\_\_

Card # \_\_\_\_\_

Name on card \_\_\_\_\_

Exp. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CV code \_\_\_\_\_

Fax or mail your registration to: **Oil Heat Cares**

312 North Avenue East, Suite 5, Cranford, NJ 07016

Fax: (908) 967-5044

or register online at [thinkoesp.org](http://thinkoesp.org)

All pledges must be paid in full prior to or on event day.

Checks payable to: **Oil Heat Cares**Helmets **MUST** be worn by all riders.

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## GENERAL RELEASE OF LIABILITY

PLEASE READ CAREFULLY

I know that riding, running or walking, regardless of the distance, includes an element of risk. I should not enter and participate in the Care to Ride (hereafter 'this event') on May 19, 2025, unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event officials or volunteers may authorize necessary emergency treatment for me. I further assume any and all other risks associated with participating in this event, including, but not limited to: illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of the weather, and the surface condition of the roads and sidewalks. All such risks are understood and appreciated by myself.

Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I, on behalf of myself, heirs, executors, administrators and/or anyone else who might claim on my behalf, hereby covenant not to sue, and waive, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the foregoing: Care to Ride, Oil Heat Cares, Oil & Energy Service Professionals, Jaffe Communications, any of their trustees, officers, employees or members, event officials, volunteers, and any and all other sponsors, suppliers, agents, independent contractors, employees and any other personnel in any way assisting or connected with this event from any and all claims of liability of any kind or nature whatsoever arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver.

### I ALSO AGREE TO WEAR A HELMET WHILE RIDING IN THIS EVENT.

I also understand and agree that Care to Ride, Oil Heat Cares, Oil & Energy Service Professionals, Jaffe Communications, or any sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in this event without liability or obligation to me.

Print \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_