



## REGISTRATION: Courage To Ride Bike Tour 2010

Please print and complete this form and waiver and mail with check to:

Dr. Effy Oz Memorial Fund  
P.O. Box 265  
Uwchlan, PA 19480

Registrations are accepted on the morning of the event.

RIDER INFORMATION (\* = required information)

First Name: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Team/Club: \_\_\_\_\_

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

City: \* \_\_\_\_\_

State: \* \_\_\_\_\_

Zip: \* \_\_\_\_\_

Email: \* \_\_\_\_\_

Shirt size: \* Small Medium Large XL

Courage To Ride Bike Tour 2009 shirts are free with registration and will be issued on the morning of the ride.

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## REGISTRATION OPTIONS:

- \$30 per rider if registration mailed before 1 July 2010
- \$35 per rider if registration mailed between 1 July 2009 and 31 July 2010
- Register on the day of the event for \$40\*

\*If you plan to register after 31 July 2010, you must bring your registration form and waiver with you to the event.

Payment must be received on or by the day of the event. Extra copies of the registration form and waiver will be available at the registration table.

## 2010 Event Waiver and Release

*This form must be signed by each rider (and have a NOTORIZED signature from a parent, guardian or authorized adult for riders under 18) before the rider begins the event. No rider may participate without a completed form.*

### **Initial after reading each statement. I understand:**

\_\_\_\_I wish to participate in The Courage to Ride Bike Tour. In order to participate, I waive and release any and all rights and claims I have against the [our non-profit or our names here], any event sponsors, volunteers or participants.

\_\_\_\_This waiver and release is for me and anyone else making claims through me or based on their relationship to me. This waiver means I am giving up my right to sue or otherwise bring claims against event sponsors, volunteers or participants. The phrase "event sponsors, volunteers or participants" specifically includes any organizations or individuals connected in any way with this event and any of their employees, agents and representatives, successors, assigns, heirs, executors and administrators.

\_\_\_\_I understand that there are risks inherent with bike riding on public streets and trails where hazards may exist. I also understand that there will be a large number of cyclists, some of whom are inexperienced, creating further hazards. I am voluntarily participating in this event with knowledge of the hazards involved and accept all risk of injury, inconvenience, harm, loss or death. If I decide to leave the route, I understand that I am technically off the event for the day and literally on my own in regard to support and safety. I will not be supported before 7:00 a.m. or after the route is closed.

\_\_\_\_I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs.

\_\_\_\_I agree to wear a properly fitting helmet, will not bring a trailer on the route, will not drink alcohol or take drugs that may impair my ability to ride safely. I agree to adhere to all other event rules and to conduct myself in a safe and prudent manner while participating in the event. I understand that the event organizers hold the right to dismiss anyone that may cause disturbance during this event or disregard the rules with respect to safety.

\_\_\_\_I am physically capable of participating in the event, and the equipment I will use will be in proper working condition. I acknowledge that I, and I alone, am solely responsible for my personal health, safety and property I bring with me. I will read the event description and rules of participation in the event, and I will abide by all rules and regulations established by event organizers and personnel as well as local vehicle code.

\_\_\_\_I agree that my continued participation throughout the event is subject to the sole discretion of representatives of the [our non-profit or our names here], and should I be requested to discontinue my participation for medical, safety or any other reason, I shall immediately end my participation and carry out such directives as I receive.

\_\_\_\_I give [our non-profit or our names here] permission to use my (and any minor's) name and any photograph, voice or likeness of me during the event in any promotional materials or publications. I consent to and authorize in advance such use and waive my rights of privacy I have in connection there with.

\_\_\_\_I have been advised to keep important medical information on me or with me at all times.

**I have read this waiver and release and understand its significance.**

Rider's signature \_\_\_\_\_ Date \_\_\_\_\_

Rider's name (please print) \_\_\_\_\_ Age on event \_\_\_\_\_

Rider's driver's license number and state \_\_\_\_\_

Cell phone (if applicable and will have on event) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency contact**

Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number during event \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Parent/legal guardian of participants who are under 18 years of age during the event must complete this section:**

I further agree to waive and release from all claims and liabilities of any kind arising out of my child's participation and agree to hold harmless [our non-profit or our names here], corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my child's participation. **I understand that it is [our non-profit or our names here]'s policy that every child must be accompanied by a responsible adult over 21 years of age at all times.**

I will permit emergency treatment in the event of injury or illness while participating and give permission to use my child's name and photo or video taken during the event in any promotional material, publication or on a Web site.

I have taken the responsibility to inform my child that [our non-profit or our names here] holds the right to dismiss anyone that may cause disturbance during this event. I also understand that it is my responsibility to ensure proper training has occurred and that he/she has been instructed on the event and traffic rules. I agree to accept any responsibility for disregarding these rules.

Parent/legal guardian name (please print)

NOTARIZED signature of parent or legal guardian

Notary signature Date

**Parent/legal guardian of participants who are under 12 on the event must complete this section:**

I grant my child, who is under the minimum age requirement (12 years of age) permission to participate in this event. I have read the above waiver and agree to all conditions including those listed in the sections for minors (under 18 years of age) on the event.

Parent/legal guardian name (please print)

NOTARIZED signature of parent or legal guardian

Notary signature Date