

Everyone Ride / Run Against Cancer Everyday 2011

2 PEDALS 2 FEET 2 FIGHT CANCER



Event Registration Form

Step 1:

Pick your event:

Cyclist:

- 100 mile ride
- 50 mile ride
- 25 mile ride

Runner / Walker

- 5k walk
- 10k walk
- 5k run
- 10k run

Step 2: Choose any further involvement:

I am registering as a team member for: _____
Team name

I am creating an new team and will be Team Captain: _____
Team name

Step 3: Personal Information:

(One participant per registration form please)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Employer: _____

Email Address: _____ **Phone Number** _____

Emergency Contact: (Name and Number) _____

Where did you learn of ERRACE? _____

Please complete page 2.

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Registration Donation: Please submit your non-refundable, non-transferable registration donation with this registration form. Please do not send cash, foreign currency or credit card information. Checks made payable to: ERRACE

- Adult Cyclists: \$40
- Student Cyclist (5-18): \$10
- Adult Walker / Runner: \$40
- Student Walker / Runner (5-18): \$10

Additional Donation:

Amount: _____

Please read and sign below:

Waiver, Indemnity and Release of Liability:

I understand that while participating in this event or in training programs and related activities (referred to collectively as "the event"), I will be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during this event which could result in serious injury or death. I am voluntarily participating in this event with knowledge of all such risks, and if I am riding, I agree to wear a properly fitted and adjusted ASTM, ASNI, CPSC or SNELL certified helmet while riding. I am physically capable of completing this event. I understand that I may be asked to provide a doctor's note or other proof that I am permitted to participate by my primary health care provider. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in this event. I will maintain personal health insurance while participating in the event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the event description and rules for participation in the event and I will abide by all rules and regulations established by the event organizers and personnel as well as the local vehicle code. I consent to treatment in the event of an emergency or other incident in which, in the reasonable judgment of the on-site personnel, I require medical care. I understand that my name, photograph, voice or likeness may be used for all promotional purposes related to the event by the Everyone Ride/Run Against Cancer Everyday, and their sponsors, beneficiaries, licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. And I understand that I will not benefit financially from any use thereof. I have carefully read this Waiver and Release and fully understand its contents. I am aware that by signing this waiver I am agreeing to its terms, including waiving legal rights. Knowing this, I agree to these terms of my own free will. On behalf of the minor participant, I hereby irrevocably and unconditionally agree to all of the terms of the Release and Waiver of Liability. I also, for myself and on behalf of my heirs, estate, insurers, successors and assigns, hereby release, indemnify and hold harmless the releases (defined above), with respect to any and all claims or causes of action I may have for damages for personal or bodily injury, disability, death, loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF ANY OR ALL OF THE RELEASEES OR OTHERWISE, WHETHER OR NOT NEGLIGENCE HAS BEEN PROVEN, to the fullest extent permitted by law. By signing below I am agreeing to these terms and conditions, including waiving legal rights.

Signed: _____ **Date:** _____

Participants under 18 years of age must be signed for by a guardian.

Complete and Mail to:

ERRACE, PO BOX 485, Portland, CT 06480

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