



Two-Day Anniversary Ride - April 14-15, 2012

One-Day Fun Ride - April 15, 2012

Registration Form

All items marked by an \* are required

I am registering as a [ ] Rider [ ] Crew Member

First Name \* M.I. Last Name \*

Address \*

Line 2

City \* State \* Postal/Zip \*

Home Phone \* E-mail Address
(Important - E-mail is the best and fastest way for us to keep you up-to-date. Your address will never go further than The Laurel Foundation office.)

Cell/Work Phone Weight Gender [ ] Male [ ] Female

I certify that I am at least 18 years of age. Initial

Registration Payment, please check one:

- I am registering for the Anniversary Two-day Ride (San Diego to Los Angeles) as a Bike Rider\* by paying a \$75 Non-refundable entry fee.
I am registering for the One-Day Ride (Santa Monica, CA) as a Bike Rider\* by paying a \$50 Non-refundable entry fee.

Please check which route you will be riding: [ ] 25 Mile [ ] 50 Mile\* \* Please check one: 1) [ ] Vegetarian [ ] Non-Vegetarian

I am registering as a Volunteer Crew Member for the Anniversary Ride (no fee)
Bike Tech Medic Pit Crew Sweep Other

I am registering as a Volunteer Crew Member for the one-day ride\* (no fee)
Bike Tech Medic Pit Crew Sweep Other

\*Please select which shift: [ ] 6:00 A.M. - 11:00 A.M. [ ] 10:30 A.M. - 4:00P.M.

Please charge my Credit Card [ ] MasterCard [ ] Visa [ ] American Express or [ ] Check Enclosed

Account Number: Exp. Date: 3-digit security code:

Billing Address if different than above:

Address\*

City\* State\* Postal/Zip\*

How did you hear about The Laurel Foundation Ride for AIDS 10?

T-Shirt Size \* (Adult Sizes) [ ] Medium [ ] Large [ ] X-Large [ ] XX-Large [ ] XXX-Large

\*As a Bike Rider, I understand and agree to pay a non-refundable \$75/\$50 registration fee and to commit to raise and collect the required minimum amount of \$1,000/\$250 (whether I participate or cancel as a Bike Rider) by April 14/15, 2012. I understand that if I do not have the full amount by April 7, 2012, I authorize the use my credit card by The Laurel Foundation to charge the difference up to the minimum amount of \$1,000/\$250. I further understand that if I have not provided a valid Credit Card number that I will provide the difference up to the required minimum by a personal check or Cashiers Check by April 7, 2012 or I will not be able to participate in the event. All funds received are Non-refundable at time of payment.

Participants Signature Date



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**One-Day Fun Ride – April 15, 2012**

**Confidential Emergency Medical Information**

Receipt of this document by the Medical Team is mandatory for all participants

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Primary Physician:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information:**

Company \_\_\_\_\_ Policy # \_\_\_\_\_ Phone \_\_\_\_\_

**Do you have any of the following?**

epilepsy/seizures  bleeding/clotting disorders  heart disease  asthma/emphysema  high blood pressure  diabetes

Allergies (food, environmental, medications): \_\_\_\_\_

Medications you currently take please list (or attach sheet): \_\_\_\_\_

Medical History (or attach sheet): \_\_\_\_\_

Is there anyone participating with you in this event that we may contact if you become ill or injured?

No  Yes (if so, please list name) Name: \_\_\_\_\_

**Will you have any special medical needs during this event?**  Yes (list below or attach sheet)  No

**Waiver of Negligence & Complete Release of Liability**

I wish to participate in The Laurel Foundation Ride for AIDS 10. I understand that in participating in this 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 and that I may be seriously injured or killed as a result. I am voluntarily participating in this event with knowledge of the dangers involved and I understand and agree to accept all risks of injury or death.

In consideration for being permitted by The Laurel Foundation to participate in this event, I agree to assume all risks and to release and hold harmless The Laurel Foundation, a California non-profit organization, its staff, its designated beneficiaries, sponsors, officials, volunteers, Board of Directors, participating clubs, communities, organizations, friends of the event, including the event medical sponsor, the Medical Director, and members of the Medical Team, and all other government or public entities including, but not limited to, the Department of Transportation and affiliated organizations (and all their respective directors, officers, agents, employees and members), who, through negligence, carelessness or any other cause might be liable to me.

**I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in this event, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.**

I am physically capable of completing this event. 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 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. If this is a bicycle event, I agree to wear a properly fitted and adjusted ASTM-,ANSI-, CPSC- or SNELL-certified and State regulated helmet while riding. I further agree that my participation in the event is subject to the sole discretion of the organizers and Medical Director of the event, and that my participation may be limited for any reason, including but not limited to medical, safety-related or other reasons.

I hereby release all medical information to The Laurel Foundation and any medical personnel who may need to care for me while on this event.

I understand that I must be at least 18 years or older at the time of the event in order to participate in The Laurel Foundation Ride for AIDS 10.

I understand that my name, photograph, voice or likeness may be used by The Laurel Foundation and their sponsors, beneficiaries, licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive my rights of privacy I have in connection therewith.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the persons and entities mentioned above and I sign it of my own free will.

**This is an important legal document. Read it carefully before signing below.**

**Print Participants Name**

**Participants Telephone**

**Signature of Participant**

**Date**

**Please mail your completed application to:**

**The Laurel Foundation Ride for AIDS 10**  
**75 S. Grand Ave.,**  
**Pasadena, CA 91105**