



REGISTER TODAY

One person per registration form. Please print clearly, and complete both sides as applicable.

GENERAL INFORMATION

First Name _____ Initial ____ Last Name _____

Address _____ City _____

State _____ Postal Code _____ Employer _____

Email (for important Ride updates) _____

Home Phone _____ Other Phone _____ Mobile Business

Text message updates Date of Birth (must be 16 years or older) _____ Sex F M

Are you a cancer survivor?

Yes No

Vegetarian meal?

Yes No

Bike jersey size? (Sizes run small)

XS S M

L XL XXL

How did you hear about us?

Radio Station _____

TV Channel _____

Online _____

InStore Display _____

Newspaper/Publication _____

On-site Presentation _____

Friend or Relative _____

Other _____

If a Rider referred you, enter their name and participant number.

Name _____

Number _____

Are you willing to share your contact information with fellow participants?

Yes No

If you mark "yes," your information will only be shared with other registrants of the Ride to Conquer Cancer for the purpose of Training Rides, invitations, and other official event reasons. Your contact information will not be used for any other reasons.

Please visit ridetovictory.org for our complete Privacy Policy.

PARTICIPATION TYPE

Rider Registered Riders commit to raising \$2,500 to participate in the bike ride on October 11-12, 2014.

Crew Member Crew Members must attend the entire event in a service capacity and they do not ride the route. They are not required to fundraise, but they are strongly encouraged to raise a minimum of \$500 so that more money remains with the cause.

Would you like to... **Create a new team** **Join an existing team** **Register as an individual**

Are you a... Team Member Team Captain What is your team name? _____

AMBASSADORS

Would you like to become an Ambassador in 2014? Yes No

For more information about Ride Ambassadors, go to ridetovictory.org.

REGISTRATION FEE

Please submit your non-refundable, non-transferable registration fee (\$75 fee for Rider, \$25 for Crew) with this form. If you are submitting a personal check, make it payable to: The Ride to Conquer Cancer. Please do not send cash.

Card Number _____

Exp _____

Visa

Mastercard

Amex

Cardholder Name _____ Cardholder Signature _____

Kick start your fundraising by donating to yourself! The level you donate will probably be what most people match so aim high! Enter an amount here: _____

PLEASE COMPLETE THE REVERSE SIDE →

WAIVER AND RELEASE OF LIABILITY (Please read and sign below.)

I wish to participate in The Ride to Conquer Cancer® benefiting Penn Medicine's Abramson Cancer scheduled to take place on October 11-12, 2014, as well as various pre- and post-event activities (including, without limitation, one or more training rides) [the "Event"] and I agree to abide by all rules, regulations, and event instructions of the Event, as well as all applicable municipal and state laws and regulations.

WAIVER & RELEASE OF CLAIMS, ASSUMPTION OF RISK AND CONSENT TO MEDICAL TREATMENT PLEASE READ THIS DOCUMENT CAREFULLY AS IT AFFECTS YOUR FUTURE LEGAL RIGHTS. YOU MUST INITIAL EACH LINE WHERE INDICATED AND SIGN TO COMPLETE THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS, YOU SHOULD CONSULT WITH YOUR ATTORNEY.

1. _____ I understand that participating in The Ride to Conquer Cancer ("Event") is an inherently dangerous activity that presents extreme obstacles, including, but not limited to falls, contact with other participants, objects, bicycles and vehicles, the effects of weather, traffic, and the conditions of the streets and routes used by the Event, and I assert that my participation in this Event is voluntary.

2. _____ I understand that participating in the Event involves the risks of severe physical injury and/or death that cannot be completely eliminated and that I should not participate unless I am medically able and properly trained.

3. _____ I voluntarily, knowingly and freely assume all risks associated with competing in the Event, including, but not limited to, my own actions or inactions, the actions or inactions of others (including, but not limited to, participants, staff or spectators), falls, illness, infection, contact with others (including, but not limited to, participants, staff, other riders, crew, staff or spectators) and objects, loss of or damage to personal property, premises defects, the conditions of the premises or the equipment used in the Event, and the effects of weather, including high heat and/or humidity.

4. _____ I agree to observe and obey all posted rules and warnings, to follow any instructions or directions given by CauseForce through its employees, representatives or agents, and to abide by any decision of any Event official relative to my ability to safely compete in the Event.

5. _____ I certify that I am physically capable of and have sufficiently trained for completing this Event, and that I have no medical condition that would make participation in the Event more hazardous.

6. _____ If I am pregnant, disabled in any way, have recently suffered an illness or injury, or am aware of or under treatment for any physical infirmity, pregnancy, ailment or illness, I should have or did consult a physician before 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. If I leave any items of personal property unattended for any reason, I understand that I assume the risk for all losses.

7. _____ I agree not to consume alcohol prior to the Event or use any medicines or substances that may inhibit my mental or physical ability to safely and effectively participate in the Event.

8. _____ I consent to medical care and transportation in order to obtain treatment in the event of injury to me as Event staff, volunteers or medical professionals may deem appropriate. I understand that this Waiver & Release extends to any liability arising out of, or in any way connected with the medical treatment and transportation provided, in the event of an emergency and/or injury.

9. _____ I understand and agree that I am expected to exhibit appropriate behavior at all times and to obey all local, state and federal laws, rules and regulations at all times while participating in or attending the Event. This includes, generally, respect for all people, equipment, facilities or property. Event staff may dismiss me, without refund, should they believe, in their sole judgment, that my behavior may endanger the safety of or negatively affect the Event or any person, facility or property. I also agree to indemnify CauseForce LLC, Penn Medicine's Abramson Cancer Center, any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the Event, Riders, Crew Members, consultants, participants, third-party vendors, government or public entities (including, without limitation, the states of Pennsylvania, New Jersey, and the Department of Transportation), and each of their respective affiliates, successors, officers, directors, employees, volunteers, agents, and representatives, including, without limitation, the Event medical sponsor, medical director and member of the medical team from any and all third party claims caused in whole or in part by my negligent or intentional acts or omissions.

10. _____ I agree that CAUSEFORCE is not responsible for any personal item or property that is lost, damaged or stolen at the Event.

11. _____ I consent to the use of my image and voice in photographs, motion pictures or recordings taken at the Event for use in any broadcast, telecast or other account of this Event or Event advertising, marketing or promotion, and I agree to assign all copyright or other interests therein to CauseForce.

12. _____ I assign all rights, title, and interest in any and all photographs, motion pictures, recordings or other records of the Event I may take or capture to CauseForce. CauseForce grants to me a limited, non-exclusive, perpetual right and license to use, for non-commercial purposes only, any and all photographs, motion pictures, recordings, or other records of the Event I may take or capture.

13. (Check One) I am at least 18 years old OR I am at least 18 years old and my Parent/Guardian has reviewed this waiver and consented to its terms.

14. _____ In consideration for being permitted to participate in this Event, I, for myself and for my

executors, administrators, heirs, next of kin and anyone else who might sue on my behalf, hereby waive and release Ride to Conquer Cancer, CauseForce LLC, Penn Medicine's Abramson Cancer, all City and State governments, all Event beneficiaries, Event sponsors, Event producers, Event staff, clubs, communities, organizations, friends of the Event, Event participants, third-party vendors, government or public entities and their respective affiliates, successors, officers, directors, employees, volunteers, agents, and representatives, including, without limitation, any medical director, and members of the medical team (collectively, the "Released Parties") from any and all claims, causes of action, damages (economic and non-economic) and liabilities of every kind ("Claims"), for death, personal injury or property loss or damage, arising out of the Event, my assistance or participation in the Event (including without limitation any pre- and post-Event activities), my traveling to or from the Event, including but not limited to any Claims for theft, damage to any equipment, negligence, partial or permanent disability, Claims relating to the provision of first aid, medical care, medical treatment or medical decisions (at an Event site or elsewhere), and any Claims for medical or hospital expenses.

15. _____ 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, carelessness, or recklessness (whether simple or gross) on the part of the persons or entities being released or any other person or entity, from dangerous or defective property or equipment owned, maintained, or controlled by them or others 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.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE UNITED STATES. IF ANY PART OF THIS WAIVER AND RELEASE IS DEEMED UNENFORCEABLE, IT SHALL BE DEEMED SEVERABLE AND SHALL NOT AFFECT THE VALIDITY AND ENFORCEABILITY OF THE REMAINING SECTIONS OF THE WAIVER AND RELEASE. THE UNITED STATES COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

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 binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability for the greatest extent allowed by law.

I acknowledge that I have read and fully understood the important information above, including the warning of risk, assumption of risk and waiver and release of all claims, that I have carefully analyzed, accepted, and agreed to the terms of this Waiver and Release, Assumption of Risk and Consent to Medical Treatment and sign on my own free act and deed, and that I understand that I have given up important legal rights by signing it. I acknowledge that my participation in the Event WILL BE DENIED if my signature, or the signature of my parent/guardian (if I am under the age of 18) does not appear on this Waiver and Release, Assumption of Risk and Consent to Medical Treatment prior to my participation in the Event. I acknowledge that when I register online, my online signature shall substitute for and have the same legal effect as an original form signature.

ONLY COMPLETE SECTION BELOW IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18

I represent and warrant that I am the parent or guardian of the above named participant ("Minor"). I give my approval for the Minor's participation in the Event. I assume all risks and hazards incidental to the Minor's participation in the Event and I release, absolve, indemnify and agree to hold harmless the Released Parties for any claim arising out of an injury to the Minor and from any Claims, arising out of or connected with the Minor's participation in the Event. I consent to the foregoing and grant permission for the Minor to participate in the Event. I acknowledge I have carefully read, accepted and agreed to the terms of this Waiver and Release, Assumption of Risk and Consent to Medical Treatment, know and understand its terms.

Minor's First & Last Name (Printed) _____

Parent's/Guardian's First and Last Name (Printed) _____

Parent/Guardian Name (Signed) _____

Date _____

Please print first and last name here _____

Signature of participant (or guardian if participant is under 18) _____ Date _____

REGISTER ONLINE OR CALL US TO REGISTER TODAY. OR MAIL THIS FORM TO:

4320 MAIN STREET, 2ND FLOOR PHILADELPHIA, PA 19127

RIDETO VICTORY.ORG

[844] 777-7433