SAVE-A-LIMB **RIDE** presented by Stryker **REGISTRATION**

Saturday, October 22, 2011 • 8 a.m. – 2 p.m. • Oregon Ridge Park, Cockeysville, Maryland

Please fax the completed registration form to Madeline Bacon (410-601-0585), scan and send by e-mail to Mbacon@lifebridgehealth.org, or mail to Sinai Hospital of Baltimore, Save-A-Limb Fund, 2401 West Belvedere Ave, Baltimore, MD 21215. **Participants may also register online at www.SaveALimbRide.org.**

First Name:	**Last Name:**	**Birth Date** (MM/DD/YYYY):	**Gender:** ❑ **M** ❑ **F**
Address:			
City:	**State:**	**Zip/Postal Code:**	**Country:**
E-mail:		**Phone:**	

Are you a Baltimore County Public School student? ❑ **No** ❑ **Yes** (provide school name):

One registrant per form. Each adult and child must have a completed waiver/agreement to attend.

WAIVER/AGREEMENT

I acknowledge that by signing this document, I am assuming risks, and agreeing to indemnify, not to sue and release from liability the organizer of this event and Sinai Hospital of Baltimore; The Rubin Institute of Advanced Orthopedics; LifeBridge Health and its subsidiaries and affiliated entities; Save-A-Limb Ride sponsors and participating clubs, communities and organizations; Save-A-Limb Ride officials, emergency and support personnel, volunteers and their representatives; persons and entities that provide event recommendations, advice or services relating to matters such as route selection, design or maintenance, risk management, safety and first aid; all property owners, law enforcement agencies and governmental or public entities; and the officers, directors, employees, representatives, agents, assigns, and successors of all of the above, (collectively "releasees"), from any claim I may have arising out of my participation in this event, and that I am giving up substantial legal rights. This release is a contract with legal and binding consequences and it applies to all bike rides and activities entered at the event, regardless whether or not listed above. I have read it carefully before signing, and I understand what it means and what I am agreeing to by signing.

In consideration of the acceptance of my application for entry in the Save-A-Limb Ride event, I hereby freely agree to and make the following contractual representations and agreements. I acknowledge that cycling is an inherently dangerous sport and fully realize the dangers of participating in this event, whether as a rider, official, coach, mechanic, volunteer, or otherwise, and fully assume the risks associated with such participation including, by way of example, and not limitation: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment or materials provided by the event organizer and others, the releasees' own negligence, the negligence of others and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with the event. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") I hereby waive, release, discharge, hold harmless, and promise to indemnify and not to sue the Releasees and all sponsors, organizers and promoting organizations, property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the events will be held, (the foregoing are also collectively deemed to be Releasees), from any and all rights and claims including claims arising from the releasees' own negligence to the maximum extent permitted by law, which I have or which may hereafter accrue to me, and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event, or travel to or return from the event. I agree it is my sole responsibility to be familiar with the event course and agenda, the Releasees' rules, and any special regulations for the event and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the event which may be beyond the control of the Releasees, and I must continually ride and otherwise participate so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment, any equipment provided for my use, and my conduct in connection with this event.

I will wear a helmet that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet and any modifications or attachments made thereto. I have no physical or medical condition which would endanger myself or others if I participate in this event, or would interfere with my ability to safely participate in this event.

I agree, for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I authorize Sinai Hospital of Baltimore; The Rubin Institute of Advanced Orthopedics; LifeBridge Health; other event sponsors; their respective affiliates, to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

RELEASE MUST BE SIGNED. Parent or guardian signature required if participant is under 18.

_____ _____

Signature of Entrant Date

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of _____ (child). My child is fit for the event, and I consent to my child's participation. I have read and I understand the above contract. In consideration of allowing my child to participate, I consent to the contract and agree that its terms shall likewise bind me, my child, and our heirs, legal representatives, and assignees. I hereby release and shall defend, indemnify and hold harmless the releasees from every claim and any liability that I or my child may allege against the releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my child because of my child's participation in the event, whether caused by the negligence of the releasees or others to the maximum extent permitted by law. I promise not to sue releasees on my behalf or on behalf of my child regarding any claim arising from my child's participation in the event.

_____ _____

Signature of Parent or Guardian Date

TEAM INFORMATION (optional)

Join an existing team (provide name): _____

Create a team. Team Name: _____ Team Fundraising Goal: _____

REGISTRATION FEES

Registrants in the ride and walk will receive free entry to the carnival and picnic as well as a long-sleeve technical shirt and goody bag. Fees will be $10 to $25 more for participants who register on the day of the event.

❑ **Metric Century Ride** (approximately 62 miles) *Start time: 8:00 a.m.*

Fee paid before September 1st. . . . . .$35 ❑

Fee paid between September 1st and October 21st . . . . . .$50 ❑

❑ **15-Mile** ***or*** ❑ **30-Mile Rides** *Start time: 9:00 a.m.*

Fee paid before September 1st. . . . . .$25 ❑

Fee paid between September 1st and October 21st . . . . . .$40 ❑

❑ **6-Mile Family Ride** ***or*** ❑ **1-Mile Family Walk** *Start time: 10:00 a.m.*

Adults

Fee paid before September 1st. . . . . .$15 ❑

Fee paid between September 1st and October 21st . . . . . .$25 ❑

Kids *(ages 5 to 16 years old)*

Fee paid before October 21st. . . . . .$10 ❑

Fee paid on the day of the event . . . . . .$20 ❑

Kids *(under 5 years old)* . . . . . FREE ❑

T-shirt Size for Ride and Walk Participants (adult sizes only):

❑ XS ❑ S ❑ M ❑ L ❑ XL ❑ XXL

❑ **Tickets to the Carnival, Picnic and Fitness Fair**

(included in ride or walk registration) . . . . . ____ tickets @ $10 each

PAYMENT INFORMATION

(Please print legibly)

❑ **Cash**

❑ **Check**: Make checks payable to "**Sinai Hospital/Save-A-Limb Fund"**

❑ **Credit Card**

Card Type: ❑ Visa ❑ American Express ❑ MasterCard ❑ Discover

Card Holder Name: _____

Credit Card Number: _____

Expiration Date (Month/Year): _____ Security Code on Card: _____

Signature of Card Holder : _____

Is the billing information for this credit card the same as the address provided above? ❑ Yes ❑ No (If no, provide billing address below)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total Amount Paid: . . . . . **$** _____ **.00**

QUESTIONS? Please contact Madeline Bacon at 410-601-9798.