

PARADISE *Ride Kaua`i 2010*

cycle for life - August 7-8, 2010

Cyclist Registration & Release

Name: First _____ M.I. _____ Last _____
 Male Female _____
Date of Birth: Month / Day / Year _____ Professional Title _____
() () _____
Daytime Phone _____ Evening Phone _____ E-Mail Address _____
Mailing Address _____ City _____ State _____ Zip _____

\$49.00 Registration Fee through April 1, 2010, thereafter \$99 Registration Fee

Minimum \$250.00 Fundraising Required

Your Registration fee is non-refundable and non-transferable.

By Credit Card VISA MasterCard

Exp.Date: mo / yr _____ Name as it appears on Credit Card: _____
_____/_____/_____/_____ Signature: _____
Billing Address *if different from above: _____
Street / P.O. Box _____ City _____ State _____ Zip _____

By Check: Please make checks payable to **Malama Pono** and mail with this form to:
Malama Pono—Kaua`i AIDS Project
P.O. Box 1950
Lihue, HI 96766-5950

Meal Preference (please check one)
 VEGAN VEGETARIAN (egg and milk products okay) NO RED MEAT CARNIVORE

How did you find out about this ride?
 Print Advertisement Website Word of Mouth Other: _____

What is your primary reason for choosing to participate in the PARADISE Ride Kaua`i 2010?
(Please choose one)
 To support Malama Pono Physical Challenge Personally affected by HIV/AIDS HIV/ HIV/AIDS funding Other

Will you be participating as a part of a Team? _____ **What is your Team's Name?** _____

What is your T-Shirt Size? Please circle: Small Medium Large XLarge XXL

Would you like to receive additional information about Malama Pono? Yes No

**Release* Please sign and date the release on page 2 of this form and submit with your registration.
(your registration form cannot be processed without a signed release).



PARADISE Ride Kaua'i 2010
Release

In consideration of your acceptance of this entry, I, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Paradise Ride Kaua'i, its organizers, Malama Pono, Kaua'i County, all sponsors and their representatives, successors, officers, agents, and assigns for any and all injuries sustained or suffered by me during the Paradise Ride Kaua'i.

I verify that I am physically fit and have, or will train sufficiently for participating in the event, and that my physical condition has been or will be verified (prior to the Ride) by a licensed medical practitioner. If, however, as a result of my participation in the Paradise Ride Kaua'i, I require medical attention, I give my consent to the authorized medical personnel of the Paradise Ride Kaua'i to provide such medical care as is deemed necessary by such authorized personnel. I also verify that I have adequate insurance, or will have at the time of the Paradise Ride Kaua'i, or otherwise am financially responsible for the costs of any medical treatment.

I also understand that in the event the Paradise Ride Kaua'i cannot be held as scheduled due to any circumstances, the Paradise Ride Kaua'i is not liable to refund any money paid by me to participate. I understand that my entry fee is not refundable or transferable.

I grant full permission to Paradise Ride and any and all sponsors and their representatives, successors, officers, agents and assigns to use any photographs, videotapes, motion pictures, recordings, or any other record of the Paradise Ride for any legitimate purpose.

I certify that I am at least 18 years of age, or that I am the parent or legal guardian of the entrant listed below, and that I understand I must accompany the entrant on all Paradise Ride Kaua'i riding activities. I have read the foregoing and certify by my signature below:

Signature of Entrant: _____

Print Entrant's Name: _____

Date: _____

**** By my signature below, I acknowledge and accept that I will raise a minimum of \$250.00 in contributions. ****

Signature of Guardian: _____
(if entrant is under 18 years of age)

Print Guardian's Full Name: _____

Date: _____