



75 S. Grand Ave., Pasadena, CA 91105 • Tel. 626-683-0800

Welcome to Camp Laurel Ride for AIDS 8

October 9, 2010

"Empowering children, youth and families living with HIV & AIDS".

Rider/Crew Participant Application

This year's 8th Annual Camp Laurel Ride For AIDS will be taking place on Saturday October 9, 2010. Opening and Closing Ceremonies will be held at Yahoo Center, 2500 Broadway, Santa Monica CA (25th and Broadway). We are very excited to have wonderful participants interested in raising funds to send children living with HIV and AIDS to Camp Laurel in 2011. At Camp Laurel, the children can experience the wonders of childhood in a physically and emotionally safe environment filled with HOPE. Camp Laurel's mission is to teach children and youth living with HIV and AIDS to believe in themselves and to understand that each one of them has the ability to make his or her life as full and rich as the next child regardless of their illness.

This application is for registration of Riders and Crew members:

- Bike Riders must be at least 18 years of age and are required to fundraise a minimum of \$250 dollars to participate in the Bike Ride. There will also be a non-refundable and non-transferable registration fee of \$50.00. (This fee is also required for those Riders who want to Crew after they have finished the Ride).
- The Crew must be at least 18 years of age or be accompanied by an adult. Crew are not required to pay an entry fee nor raise funds to participate in the Bike Ride event.



Camp Laurel Ride for AIDS 8

Saturday October 9, 2010

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 Camp Laurel Foundation, Inc. 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 as a Bike Rider by paying a \$50 Non-refundable entry fee. I am required to raise in addition to the \$50 entry fee a minimum of \$250 (due on or prior to October 9, 2010), whether I participate or cancel as a registered bike rider, in the Camp Laurel Ride for AIDS 8. If on October 9, 2010 (the day of the Ride), I have not raised this amount of funds I authorize Camp Laurel to charge my Credit Card for the remainder amount.

Please check which route you will be riding: 30 Mile 50 Mile* 100 Mile*

* 100 & 50 Mile riders check one: 1) Vegetarian Non-Vegetarian 2) Wheat bread on sandwich Italian White bread

I am registering as a Volunteer Crew Member (no fee)

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

Account Number: _____ Exp. Date: _____

Billing Address if different than above:

Address*

City* State* Postal/Zip*

How did you hear about the Camp Laurel Ride for AIDS 8? _____

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

I would like to purchase an **Event Cycling Jersey** at \$99 Medium Large X-Large XX-Large

As a Bike Rider, I understand and agree to pay a non-refundable \$50 registration fee and to commit to raise and collect the required minimum amount of \$250 (whether I participate or cancel as a Bike Rider) by October 9, 2010. I understand that if I do not have the full amount by October 9, 2010, I authorize the use my credit card by Camp Laurel Foundation, Inc. to charge the difference up to the minimum amount of \$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 October 9, 2010 or I will not be able to participate in the event. All funds received are Non-refundable at time of payment.

Participants Signature _____ Date _____



Camp Laurel Ride for AIDS 8 – Saturday October 9, 2010
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 Camp Laurel Ride for AIDS 8. 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 Camp Laurel Foundation, Inc. to participate in this event, I agree to assume all risks and to release and hold harmless Camp Laurel Foundation, Inc., 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 Camp Laurel Foundation, Inc. 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 Camp Laurel Ride for AIDS 8.

I understand that my name, photograph, voice or likeness may be used by Camp Laurel Foundation, Inc., 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:

Camp Laurel Ride for AIDS 8
75 S. Grand Ave.,
Pasadena, CA 91105