



75 S. Grand Ave., Pasadena, CA 91105 Tel: 626-683-0800 Fax: 626-683-0890

Camp Laurel Ride for AIDS 7 - April 4-5, 2009

Medical Waiver & Information

Waiver of Negligence & Complete Release of Liability

I wish to participate in Camp Laurel Ride for AIDS 7. 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 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 7.

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.

IMPORTANT: Please remember to complete BOTH PAGES of this document.

Print Participants Name

Participants Telephone

Signature of Participant

Date

Parent/Guardian Name (required for anyone under 18 years)

Parent/Guardian Signature (required for anyone under 18 years) Date

Camp Laurel Ride for AIDS, 75 S. Grand Ave., Pasadena, CA 91105
Tel: (626) 683-0800 Fax: (626) 683-0890 www.CampLaurel.org

Confidential Emergency Medical Information

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

Emergency Contact

Name

Relationship

Phone (Day)

Phone (Evening)

Primary Physician

Name

Phone

Name

Phone

Insurance Information

Company

Policy #

Group #

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): _____

No known allergies

List any medications you currently take (or attach sheet): _____

Do not currently take medications

Do any of these medications need refrigeration? Yes (please place a * next to items) No

Medical History (or attach sheet): _____

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

Yes (if so, fill in below) No

Participants Number Participants Name

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

I hereby release the above information to the Camp Laurel Foundation, Inc. and any medical personnel who may need to care for me while on this event.

Participants signature **Date**

Please print name



Camp Laurel Ride for AIDS 7

April 4-5, 2009

Registration Form

*All items marked by an * are required*

I am registering as a Bike Rider Crew Member (please check one).

First Name * M.I. Last Name *

Address *

Line 2

City * State * Postal/Zip *

Home Phone * E-mail Address

Cell/Work Phone _____ Age _____ Weight _____

(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.)

Registration Payment, please check one:

I am registering as a Bike Rider by paying a \$110 Non-refundable entry fee. I am required to raise in addition to the \$110 entry fee (\$130 if registering for a single room), a minimum of \$600 (due on or prior to April 4, 2009), whether I participate or cancel as a registered bike rider, in the Camp Laurel Ride for AIDS 7. If on April 4, 2009 (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.

I am registering as a Volunteer Crew Member - \$90 Non-refundable fee.

Please charge my Credit Card MasterCard Visa American Express Check Enclosed

Account Number: _____ Exp. Date: _____

Billing Address if different than above:

Address*

City* State* Postal/Zip*

Gender:* Male Female

Date of Birth (mm/dd/yyyy) *

Do you want vegetarian meals while on the event? Yes No

Room Information: on the night of April 4:

I would like to share a hotel room with _____ who is/are Riders Crew members.

You may place me in a room with other riders or crew members of your choice.

I would like my own room (Registration fee for a single room is \$130)

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 \$110 registration fee (\$130 if signing up for a single room) and to commit to raise and collect the required minimum amount of \$600 (whether I participate or cancel as a Bike Rider) by April 4, 2009. I understand that if I do not have the full amount by April 4, 2009, I authorize the use my credit card by Camp Laurel Foundation, Inc. to charge the difference up to the minimum amount of \$600. 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 4, 2009 or I will not be able to participate in the event. All funds received are Non-refundable at time of payment. As a Crew Member, I understand and agree that I am to pay a non-refundable \$90 registration fee.

Participants Signature _____ Date _____



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Welcome to Camp Laurel Ride for AIDS 7 April 4-5, 2009

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

Bike Rider/Crew Participant Application

This year's 7th Annual Camp Laurel Ride For AIDS will be taking place from April 4-5, 2009. Opening Ceremonies will begin in San Diego and Closing Ceremonies in Los Angeles. We are very excited to have wonderful participants interested in helping raise money to send children living with HIV and AIDS to Camp Laurel in 2009, where they 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 bike riders and Crew members:

- * Bike Riders are required to fundraise a minimum of \$600 dollars to participate in the Bike Ride. There will also be a non-refundable and non-transferable registration fee of \$110.00 (\$130 if registering for a single room), which will include an overnight stay and dinner on April 11, 2009 at a hotel, lunch on April 4 and April 5 and breakfast on April 5, as well as snacks and drinks on the Ride, as support services.
- ** The Crew is not required to raise funds to participate in the Bike Ride event. There is a non-refundable and non-transferable registration fee of \$90.00, which will include an overnight stay on April 4, 2009 at a hotel, lunch and dinner on April 4, breakfast on April 5, 2009 and a Camp Laurel Ride For AIDS Crew Shirt.