



# THE RIDE FOR MISSING CHILDREN – 2012



May 18, 2012, leaving from Total Sports Experience

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (must be 15 or older)

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Returning Rider

First Year Rider

I am a 5<sup>th</sup> year rider in 2012

Recruited By: \_\_\_\_\_

# of Yrs. \_\_\_\_\_  
(include 2012)

APPLICATIONS WILL NOT BE ACCEPTED THE DAY OF THE RIDE!

## RIDER'S ACKNOWLEDGEMENT AND ACCEPTANCE OF COMMITMENTS TO THE RIDE FOR MISSING CHILDREN AND THE NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN/NY BRANCH

In accepting a position as a member of the Friends of Missing Children Riders for The Ride for Missing Children –2012, I understand and agree to the following:

- I am capable of and will train for the 100-mile bike Ride to keep an average pace of 14 – 16 mph on the flat portions of the Ride.
- I will raise a minimum of \$300 in pledges to participate in the ride, or recruit a new rider and you both pledge only \$250 each! (Reciprocal Rider pledge - \$50)
- I will help NCMEC in its work to promote child safety education.
- I understand that positions in The Ride for Missing Children are limited to 350 Riders, and that by accepting a position in The Ride I am reserving my place on the Team with every intention of completing my obligations.
- If I am not able to fulfill my obligations and participate in the Ride, I will inform the Ride Committee as soon as possible so that my position can be given to another interested party.

I agree to all of the above

\_\_\_\_\_  
Signature/Electronic Signature Date

Print Full Name \_\_\_\_\_

### BIKE JERSEYS

#### NEW RIDERS ONLY!

My Bike Jersey size is: (circle one)      Small    Medium    Large    XLarge    XXLarge

Do you have an association with a school?    Teacher    Parent    Other    Which School?

Would you be interested in being an adopted rider at a school?

How did you learn of the Ride for Missing Children? \_\_\_\_\_

Please return this Application along with the attached Medical & Waiver Forms to: NCMEC/NY – 275 Lake Avenue, Rochester, NY 14608; or fax to: 585-242-0717; or email to kaspenteiler@ncmec.org.

**\*Note:** Your Application and the attached Medical & Waiver Forms will be kept in a secure location and destroyed after the Ride.

**THE RIDE FOR MISSING CHILDREN – 2012**  
**CONFIDENTIAL MEDICAL INFORMATION**

**Name:**

Mailing Address:

Birthdate:

Home Phone:

Office phone:

Insurance Provider:

Policy Number:

**Family Physician:**

Address:

Phone #:

**In the event of injury or emergency connected with the Ride please notify the following:**

Name:

Relationship:

Address:

Phone #:

**Medical Conditions I am aware of, or am being treated for:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis	<input type="checkbox"/>
<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> History of heart disease	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>

**Medications currently being taken:**

**Please also list any allergies including medications you are allergic to:**

I agree to have this information released in the event of an emergency/injury connected with the Ride

**OR**

I choose not to provide any medical information.

\_\_\_\_\_  
Signature/Electronic Signature                      Date

Print Full Name \_\_\_\_\_

**Please Note:** The medical information you provide is optional. Rider Medical Forms will be put in a sealed envelope and held by our Ride paramedics during the day of the Ride and will be opened only in case of a medical emergency. After the Ride all Medical Forms are destroyed and not maintained. We encourage all Riders to provide this information, particularly if you have a medical condition about which you wish to inform paramedics of in case of injury or medical difficulty during the Ride.



# 100-MILE RIDE FOR MISSING CHILDREN – 2012



## WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

**THIS IS AN IMPORTANT LEGAL DOCUMENT, PLEASE READ CAREFULLY BEFORE SIGNING BELOW.**

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I acknowledge that a bike ride carries with it the potential for serious injury, property loss and death. The risks include, but are not limited to, those caused by terrain, water and road conditions, weather, condition of rider's equipment, vehicular traffic, actions of participants, volunteers, spectators, and/or producers of the event, and lack of hydration. **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE RIDE FOR MISSING CHILDREN – 2012 ("The Ride").**

I hereby take action for myself, my executors, administrators, heirs and next of kin, successors and assigns as follows:

- a) RELEASE AND DISCHARGE the National Center for Missing & Exploited Children ("NCMEC"), sponsors of this event, event directors, volunteers, law enforcement, all cities and municipalities in which the event is conducted, and all affiliated organizations, individuals and entities (and all of their respective officers, directors, agents, employees and members) ("Parties") from any and all liability, and waive my rights with respect to any and all claims for damages for death, personal injury or property damage, including but not limited to, medical bills, lost wages, pain and suffering, attorneys fees and court costs, which I may have, or which may hereafter accrue to me as a result of my participation in this event or traveling to this event, even though this liability may arise through no fault of my own, or from the negligence or carelessness on the part of the Parties, from dangerous or defective property or equipment owned, maintained or controlled by the Parties or because of the Parties' possible liability without fault;
- b) INDEMNIFY AND HOLD HARMLESS the Parties from any and all liabilities or claims made by other individuals or entities as a result of my actions during The Ride, and in any other activities connected with The Ride in which I may participate;
- c) UNDERSTAND, ACKNOWLEDGE AND AGREE that my name, photograph, voice or likeness may be used by the Parties and/or their licensees. I consent to and authorize, in advance such use and waive any rights of privacy and/or publicity I may have in connection therewith.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during The Ride.

I understand that weather, emergencies, or other issues of public safety may cause cancellation or postponement of this event. I hold the Parties harmless should such cancellation or postponement occur, and I understand that no contributions, payments or expenses will be refunded.

I hereby give my consent to the organizers of The Ride and their agents or representatives, to transport my bicycle(s) and do hereby release, the Parties from any claims for damage to my bicycle during transport, including scratches to paint, broken components, changes in the tuning of components, any or all damage, or theft. I will inform said representatives of any special instructions for my bicycle.

I understand that if any provision of this Waiver of Negligence and Complete Release of Liability is invalid, illegal or unenforceable under any applicable statute or rule of law, it is to that extent to be deemed omitted. The remainder of this Waiver of Negligence and Complete Release of Liability shall be valid and enforceable to the maximum extent possible.

**I certify that I have read, understand, and agree to this Waiver of Negligence and Complete Release of Liability.**

\_\_\_\_\_

Signature/Electronic Signature

Date

Parental signature if under 18

Print Full Name \_\_\_\_\_