



Ride for Autism 2017  
June 10, 2017 • Lincroft, NJ

## REGISTRATION FORM

### RIDER INFORMATION

Title	First Name	Middle Initial	Last Name
Address			
City	State	Zip	
Daytime Phone	E-mail		
Date of Birth	(If Applicable) I'm joining the Team listed above		
Emergency Contact Name	Emergency Contact Phone		
Shirt Size (circle one)	Youth: S M L XL	Adult: XS S M L XL XXL	
Preferred Route (circle one)	10 25 50 62	Century (100)	

Please make **checks payable to Autism New Jersey** or provide your credit card information below and mail to:

**Autism New Jersey • 500 Horizon Drive, Suite 530 • Robbinsville, NJ 08691**

**REGISTRATION FEES \$ \_\_\_\_\_**

**\_\_\_\_\_ CHECK ENCLOSED**

\$40 Early Bird (First 100 Through Feb 28)  
\$60 March 1 to April 30  
\$75 May 1 to June 1  
\$90 After June 1 (onsite only)

**\_\_\_\_\_ PAY WITH CREDIT CARD**

Visa  MasterCard  
 AMEX  Discover

All Kids under 15 • \$10

Full Name as it appears on card

Credit Card #

Exp. date (MM/YY)

Signature (My signature authorizes charging the above card the amount listed above)

**ALL RIDERS MUST SIGN WAIVER (See Next Page/Back)**

*For internal use only*

Questions? Contact Christina Hoffman at [ride@autismnj.org](mailto:ride@autismnj.org) or call 609.588.8200 x31. For more information about the Ride, visit [www.ride4autism.org](http://www.ride4autism.org)

Bib Number:



# RIDER WAIVER

Rider Name (Please Print)

Bib Number

You must be 18 or older in order to sign up. If you are under 18, your parent or guardian must proceed with registration on your behalf. This agreement must be signed. Whether signed or not, proceeding to sign up constitutes acceptance of all terms and conditions set forth in the agreement below. DO NOT PROCEED TO REGISTER UNLESS YOU AGREE WITH THE TERMS OF THIS AGREEMENT.

I know that cycling, regardless of the distance, includes an element of risk. I should not enter and participate in the RIDE for AUTISM (hereinafter 'this event') on JUNE 11, 2016, unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event officials or volunteers may authorize necessary emergency treatment for me. I further assume any and all other risks associated with participating in this event including, but not limited to, illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of the weather (including temperature extremes and humidity) and the surface condition of the roads and sidewalks, all such risks being understood and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the foregoing: Autism New Jersey, g4 Productions, Inc., any of their trustees, officers, employees or members, event officials, volunteers, and any and all other sponsors, suppliers, agents, independent contractors, employees and any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver.

I AGREE TO WEAR A BICYCLE HELMET WHILE CYCLING IN THIS EVENT.

I also understand and agree that any sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in this event without liability or obligation to me.

If the participant is under 18 years of age, the parent or guardian agrees to the following statements: As a parent or guardian of the participant, I authorize the child to participate. By signing this form, I also join in the statements and agreements made by the participant in this document. I agree that in the event that the participant, or anyone acting on his or her behalf, should make any claims, I will provide the indemnity and hold harmless described in the above paragraphs.

By signing this form, you agree, warrant and covenant the above statement

Rider Signature (Parent or Guardian if Rider under 18)

Date Signed