REGISTRATION FORM

September 8 –10, 2017

You may also register online at **www.brakingaidsride.org**.

One registration per form, please. You may make copies of this form for multiple registrations.

PERSONAL INFORMATION

First Name _____ M.I. _____ Last Name _____

Name as you would like it to read on the website _____

Mailing Address _____ Suite/Apt. No. _____

City _____ State _____ Zip _____

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

E-mail Address _____

Date of Birth (You must be at least 18 to participate) _____

Gender (select all that apply) ❍ Female ❍ Male ❍ Trans

Choose one:

❍ Please assign me a roommate of the same gender

❍ My roommate is: Name _____

We require a room with ❍ 1 bed ❍ 2 beds

We prefer ❍ Smoking ❍ Non-smoking

Because hotels assign rooms, we cannot guarantee your preference, but will make every attempt to accommodate you.

I am registering as

❍ a Rider ❍ Crew

T-shirt size

❍ S ❍ M ❍ L ❍ XL ❍ Other

Would you like vegetarian (non-vegan) meals?

❍ No ❍ Yes

Do you have other dietary restrictions?

❍ No ❍ Yes (Specify) _____

_____

❍ Check here if you do not wish to receive mailings from the beneficiary

CREW ONLY: Do you have a valid driver license?

❍ Yes ❍ No

Your fundraising goal: _____

(For Riders, must be at least $3,500. Setting a higher goal does not change your commitment, but it will inspire your donors.)

How did you hear about BRAKING AIDS® Ride?

❍ Family/Friend

❍ Website / Web search

❍ Poster or postcard

❍ Housing Works

❍ I rode/crewed previously

❍ Ad (please specify) _____

❍ Article/TV/Radio (please specify) _____

❍ Other (please specify) _____

REGISTRATION FEE – $95

❍ My check payable to **"Housing Works"** is enclosed.

❍ Please bill my ❍ VISA ❍ MC ❍ Amex ❍ Discover

Account Number _____

Exp. Mo/Yr _____ Security Code _____

All registrants must sign below

I understand that the registration fee is non-refundable.
I authorize Housing Works to charge my credit card as indicated above.

Signature _____ **Date** _____

EMERGENCY CONTACTS *Please list two.*

First Name _____ Last Name _____

Relationship _____

Primary Phone (_____) _____

Alternate Phone (_____) _____

First Name _____ Last Name _____

Relationship _____

Primary Phone (_____) _____

Alternate Phone (_____) _____

Registration continues on next page.

THE SMALL PRINT

YOUR AGREEMENT

I understand that in order to participate as a rider in BRAKING AIDS® Ride it is my responsibility to complete the $3,500 donation/fundraising requirement, in checks and approved credit card donations, due to Housing Works by September 7, 2017 ("Registration Eve"), or guarantee the balance due by certified check or credit card on that date. (Crew has no fundraising requirement.) This balance due cannot exceed $1,500 in outstanding donations. I understand that donations mailed in after September 1, 2016 may not be entered into my account until after Registration Eve and that I will be required to guarantee these donations by certified check or credit card until they are entered in my account. I also understand that if I have not completed the required donations by the deadline, I may make my own donation to Housing Works for the balance in order to participate in the Ride. I understand that failure to complete the balance of the fundraising requirement by that date will result in the forfeiture of my place on the Ride. I understand that all donations processed by Housing Works are non-refundable, even if I do not participate in the Ride. I certify that I will be at least 18 years of age at the time of the Ride. I further understand that I must provide proof of health insurance coverage (via a waiver to be provided to me before the Ride) in order to participate in the Ride, or in the absence of health insurance, must sign a separate release of liability prior to the start of the Ride.

I have read, understand, and agree to the above. Participant Signature _____ Date _____

WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

I wish to participate in BRAKING AIDS® Ride ("the Ride") which I understand to be a three-day, 275-mile non-competitive donation bicycle ride and related events hosted by Housing Works and Global Impact Tours Inc. DBA Global Impact Productions. I understand that in participating in The Ride I will be using public streets and facilities where many hazards exist and I am aware of and knowingly and voluntarily assume the risks which may result. I am also aware that accidents occur during such activities 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 agree to accept any and all risks of injury or death.

In consideration for being permitted to participate in The Ride, I agree to assume all risks and to release and hold harmless Housing Works, including its subsidiaries and affiliates, and all of their respective officers, directors, agents, and employees; Global Impact Tours Inc. DBA Global Impact Productions, BRAKING AIDS® Ride, all BRAKING AIDS® Ride Medical Team members, sponsors, officials, participating clubs, communities, organizations and all other government or public entities (and all of their respective officers, directors, agents, employees and members) who, through negligence, carelessness or any other cause, might otherwise be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in The Ride, 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 hereby represent that I am physically capable of participating in The Ride, and my medical care provider has approved my participation. 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 The Ride. 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 accept full responsibility for any costs incurred for medical treatment, even if due to incorrect, outdated, or falsified insurance information. I will abide by all rules and regulations established by the Ride organizers and personnel, as well as all transportation laws and the bicycling codes of the states through which I will ride. I agree to wear a properly fitted and adjusted ANSI-, ASTM-, or SNELL-certified helmet during the Ride at all times that I am on a bicycle.

I understand that my name, photograph, voice, video and film image, or likeness may be used by Housing Works, Global Impact Tours Inc. DBA Global Impact Productions, and their 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 certify that I am at least 18 years of age at the time of the Ride. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and all of their respective officers, director, employees, agents and representatives and I sign it of my own free will. In addition, I am aware that I will be asked to confirm my understanding of this agreement at the first official meeting of the Ride by signing another copy of this waiver, and the failure to do so will disqualify me from participating in the event without entitling me to any refund.

This is an important legal document. Read it carefully before signing below.

Print name _____

Signature _____ Date _____

SUMMARY OF REQUIREMENTS FOR ALL PARTICIPANTS

1. You must be at least 18 years of age at the time of the Ride;
2. You must have health insurance, or in the absence of health insurance, must sign a separate release of liability;
3. Riders must complete at least the $3,500 fundraising requirement in donations by September 7, 2017 in order to participate the ride or guarantee the balance due by check or credit card on that date (The balance due may not exceed $1,500.);
4. You must attend a mandatory orientation meeting and safety presentation on Thursday evening, September 7, 2017; and
5. You must obey all official Ride rules and policies.

Make checks payable to: **"Housing Works"**

Send your registration with payment to:

BRAKING AIDS® Ride
c/o Global Impact Productions
127 West 26th Street, Suite 402
New York, NY 10001
Phone 212.989.1111
Fax 212.807.1853

BRAKING AIDS® Ride is created and produced by GLOBAL IMPACT™ PRODUCTIONS to benefit HOUSING WORKS