

A ride to educate, enable and empower



Sacramento

# ataxia

MARCH 15-27TH 2008



# CYCLIST APPLICATION

in association with:



# PARTICIPANT APPLICATION

*\*Required Fields*

\_\_\_\_\_  
*Last name\** *First\**

\_\_\_\_\_  
*Street Address\**

\_\_\_\_\_  
*City\** *State\** *Zip\**

\_\_\_\_\_  
*E-mail\**

GENDER:     M            F

D.O.B.:     /     /

PHONE\*: (     )

              (     )

I will participate in:  
(Refer to Cyclist Information, RA-3)

Full Ride (Mar 15-27)	Day 7 (Mar 21)
Day 1 (Mar 15)	Day 8 (Mar 22)
Day 2 (Mar 16)	Day 9 (Mar 23)
Day 3 (Mar 17)	Day 10 (Mar 24)
Day 4 (Mar 18)	Day 11 (Mar 25)
Day 5 (Mar 19)	Day 12 (Mar 26)
Day 6 (Mar 20)	Day 13 (Mar 27)

## Cycling Jersey\*



### Short Sleeve (\$55)

- S  Men
- M
- L  Wmn
- XL
- XXL

### Women's Tank Top (\$45)

- S
- M

Please specify quantity, style, and size if ordering more than 1: \_\_\_\_\_

*\*To order with this application, please include a separate check for your jersey, made payable to "FARA Research."*

*\*Jersey information without payment will only indicate your intent to purchase and will not guarantee the requested style or size. Inventory is limited, call or email to confirm availability of desired size: (916) 393-4256, fara@lithoflexinc.com*

*Additional Jersey's can be purchased by calling (916) 393-4256, or by writing to FARA Research c/o Litho Flex Co. 6600 Freeport Blvd., Sacramento, CA 95822. Include \$6.00 for shipping. Please make checks payable to "FARA Research."*

## REGISTRATION & FUNDING

**Ride Ataxia II Fundraising Goal:     \$50,000**

To help reach the Ride Ataxia II overall fundraising goal of \$50,000, each cyclist is *required* to raise a minimum of \$125 per day they intend to participate, and *encouraged* to raise more. For example, one day participants will raise a minimum of \$125, and full ride participants will raise a minimum of \$1,625 in sponsorships.

**A non-refundable deposit of \$125 is required.**

*(To be applied to overall commitment)*

**Your deposit, this application, and your Medical Liability Release/Parental Consent must be received by January 15, 2008**

**Deposit Payment:** Check Payable to "Ride Ataxia"

*See page Cyclist Information, RA - 4 for details regarding fundraising.*

**Mail completed application, release, and deposit before January 15 to:**

Ride Ataxia  
P.O. Box 277466  
Sacramento, CA 95827





# PARENTAL CONSENT, CERTIFICATION, & MEDICAL AUTHORIZATION

A Parent or legal guardian must accompany underage participants

\*Required field

Child's Last Name\* \_\_\_\_\_ First\* \_\_\_\_\_  
Street Address\* \_\_\_\_\_  
City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_  
Child's Father/Guardian\* \_\_\_\_\_ Child's Mother/Guardian\* \_\_\_\_\_

GENDER: M F  
D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian PHONE\* ( ) \_\_\_\_\_  
( ) \_\_\_\_\_

## MEDICAL LIABILITY RELEASE

Insurance Company or Healthcare Provider covering child\*: \_\_\_\_\_

Policy/Medical Record #\* \_\_\_\_\_

Physician's Name\*: \_\_\_\_\_ Physician's Phone: ( ) \_\_\_\_\_

( ) \_\_\_\_\_

### Additional person to notify in case of emergency:

Name\* \_\_\_\_\_ Relationship\* \_\_\_\_\_ PHONE\*: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Evening

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Consent and Certification:

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in Ride Ataxia II. Further, I certify that my child is physically fit and adequately trained to participate in Ride Ataxia II.

If it should become necessary for **my child** to receive medical treatment for any reason during this ride, I understand that his/her medical insurance is the only coverage he/she will receive. I hereby release the representatives, committee members, sponsors, affiliates, all participating groups, and all participating individuals associated with Ride Ataxia from any liability related to personal damage or injury.

In consideration of acceptance of my child's entry to Ride Ataxia II, I hereby, for my child, myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against Ride Ataxia II, all participating groups, sponsors, and any individuals associated with this event, their representatives, successors and assigns, and will hold them harmless for any and all injuries and/or damages suffered in connection with this event. I understand that the risks of a lengthy bicycle ride include, but are not limited to, head injuries, fractures, dehydration, heat exhaustion, heat stroke, heart attack and other possible minor and major injuries and I assume full and complete responsibility for any injury or accident which may occur during my child's participation in this event. Furthermore, I take full responsibility for **my** child's actions and will pay for any damages caused by my child.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

