

Registration to Ride the Friends Ride for NF 2010



Contact Information

Name _____

Street Address _____

City - State - ZIP Code _____

Phone(s) (day – evening) _____

E-Mail Address _____

Ride Options (choose one)

Woods Hole to Provincetown (90 miles)

South Dennis to Wellfleet (28 miles)

Fundraising Information

- **Registration fee of \$80 by 7/9/2010** (covers initial expenses).
- **Minimum fundraising required:** \$500 by 9/11/2010 (\$80 registration fee counts towards minimum.)
- **Free hotel room for two** in Provincetown for the night after the ride if you raise \$1,000 (Please indicate your serious intention to raise this extra amount; we can't guarantee availability after 7/9/2010). (we have to pay for rooms we book) **Initial here:** _____
- Contributions of \$175 and more will be matched with \$50 (not counted towards the minimum fundraising)

PLEASE NOTE: Individual contributions of \$175 and more will be matched with \$50 (match not counted towards minimum)

Registration Fee

Please make out checks payable to **NF Inc, Northeast** in the amount of \$80.

By Credit Card: please enter details below:

NAME _____

BILLING ADDRESS _____

CC NUMBER _____ EXP. DATE _____

Signature _____

Waiver Please make sure to sign the enclosed waiver.

Return waiver and this registration to:

**Ride for NF 2010
45 Russell Rd.
Wellesley, MA 02482**

Questions: call Miguel Lessing at 781 431-2411 or Andrés Lessing at (781) 249-3296

Waiver

By signing below, you agree, warrant and covenant as follows:

Release and waiver of liability, assumption of risk and indemnity. In consideration of being permitted to participate in any way in Miguel Lessing, Andrés Lessing and Neurofibromatosis, Inc. North East (Group) sponsored bicycling activity, the 2010 Friends Ride for NF Bike Ride (Activity), I, for myself, my personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of bicycling activities and that I am qualified, in good health and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or the negligence of the releasee named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for such losses, costs and damages I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Group, their respective administrators, directors, agents, officers, members, volunteers and employees, other participants, any sponsors, advertisers and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the releasees herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused on whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and further I agree that if, despite this

release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, fully understand its terms, understand that I have GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT and have signed it freely and without any inducement or assurance of nay nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if nay portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

4. Applicable Law; Consent to Jurisdiction. I and the Group agree that the statutes and laws of the Commonwealth of Massachusetts, without regard to the conflict of laws principles thereof, will apply to all matters relating to this event or this Liability Waiver. You agree that exclusive jurisdiction for any dispute with the Group resides in the courts of the Commonwealth of Massachusetts.

5. Severability. If any provision of this Liability Waiver shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Liability Waiver and shall not affect the validity and enforceability of any remaining provisions.

Full Name

Address.....

Date.....

Signature.....

**Return this waiver and the registration to:
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45 Russell Rd.
Wellesley, MA 02482**