



Rider # \_\_\_\_\_

# Rwanda Ride Event Registration and Waiver

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

<p><b>NOTE to participant:</b>  <b>Thank you for registering!</b>          Our Rwanda Ride organizers have two main goals for this event: 1. for you to have FUN, and 2. to raise funds that will provide bikes to school children in Africa. By participating in our ride, you're helping us achieve both of these goals! Thank you!</p>	I've already paid & registered online	No additional fees required
	I'm using this form to register & pay my fee 75 mi: \$100, 50 or 25 mi: \$70 in advance (\$80 on site), 10 mi: \$40	\$ _____
	**OPTIONAL I'd like to make an additional voluntary contribution of:	
	*Total payment enclosed:	

\*Make checks payable to "Ride for Rwanda". If mailing, send to Rwanda Ride, 26012 Atlantic Ocean, Lake Forest CA 92630  
\*\*Team Africa Rising is a non-profit 501 (c) (3) charitable entity, Federal Tax ID# 27-3113955

I plan to ride (choose ONE):  75 Mile Grind  50 mile route  25 mile route  10 mile route  
**Shirt size:** Men's  S  M  L  XL  2XL Women's  S  M  L

### Waiver and Release from Liability

I fully acknowledge that mountain biking is a hazardous activity and that this event carries with it the potential for death, serious injury, property damage and property loss. I hereby assume all the risks of participating in this event regardless of their cause. I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised against participating by a qualified medical person. In consideration of my registration and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin successors and assigns as follows:

- (A) Waive, Release and Forever Discharge the following entities or persons from any and all liability for my death, disability, personal injury, property damage, property theft or any actions of any kind which may hereafter accrue to me from this event: RwandaRide.com including its organizers and supporters, Team Africa Rising, and Qhubeka including their officers and supporters, event volunteers, Applied Medical and all other sponsors of the event, Dove Canyon Master Assn, the County of Orange, California, including the following agencies: Harbor, Beaches and Parks and RDMD / OM Public Works, and the city of Rancho Santa Margarita.
- (B) I agree to give all hikers and uphill bike riders on the trails the right of way and conduct myself in a safe manner. I acknowledge that the use of a hard-shell riding helmet approved by CPSC, Snell, ANSI or ASTM is required. I understand that portions of the course are on the road, and I will obey all safety regulations for bicycles traveling on Orange County roadways.
- (C) I agree it is my sole responsibility to be familiar with the course for this event. I understand and agree that situations may arise during the events that may be beyond the immediate control of the event officials or organizers. I agree to Indemnify and Hold Harmless the entities or persons mentioned in section (A) from any and all claims made by other individuals or entities as a result of any of my actions during this event.
- (D) I understand that only basic first aid will be available to participants on the event course. Should I require additional medical attention, I hereby consent to receive such medical treatment which may be deemed advisable during my event and understand that I am solely responsible for all costs relating to medical transportation and evacuation.
- (E) I agree that my entrance fee and any sponsor or pledge money I collect is non-refundable. I understand the event could be cancelled due to weather or other causes and rescheduled at the discretion of the event organizers. I accept that the course may be changed due to circumstances beyond the event organizers' control.
- (F) I will additionally permit free use of my name and pictures in media broadcasts, print and television, etc. This Waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

Participant Signature \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian must sign IF REGISTRANT IS UNDER 18 YEARS and authorize emergency medical treatment for participant.