



Brain Tumor Ride

Boston unites to fight brain tumors

Pre-Event Registration

2013 Boston Brain Tumor Ride registration is available online at www.BrainTumorRide.org/Boston. If you are unable to register online, please return this completed form with payment at least two weeks prior to the event. You may also bring this form with you to register day of event, at an additional \$10 fee.

Mail to: National Brain Tumor Society, 55 Chapel Street, Suite 200, Newton, MA 02458
Registration paid for with credit cards can also be faxed to 617.924.9998.

Complete one form for each adult registering. Please print clearly.

PARTICIPANT INFORMATION

Name: _____ DOB: ____/____/____ Gender: F / M

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____
(Never sold or exchanged)

Emergency Contact Name: _____ Phone: _____

My connection to brain tumors: (Circle one)

- brain tumor patient/survivor caregiver family member
- friend brain tumor health professional brain tumor researcher

T-Shirt Size (circle one)

ADULT: S / M / L / XL / XXL

YOUTH: M / L

Check here if you do not want a t-shirt.

REGISTRATION INFORMATION

I am:

- an individual rider.
- joining a team. My team name or captain is: _____
- creating a team. My team name is: _____

Which route will you be riding? Circle one: 10-Mile / 25-Mile / 50-Mile

I am registering as:

- Adult** (age 18+) *Registration fee counts toward the REQUIRED \$500 adult fundraising minimum.* \$25
- I will bring this form to register on the day of the event** \$35
- Youth** (ages 6-17) *Registration fee counts toward the REQUIRED \$100 youth fundraising minimum.* # ____ @ \$10 = \$ _____
Ages 5 and under are free. Please list Youth names on opposite side.
- Virtual Participant** \$10
- Volunteer** Free
- Optional:** I wish to make an additional gift to the Ride. \$ _____

Total Enclosed \$ _____

PAYMENT TYPE (Do not complete this section if you are registering at the event)

A valid credit card is required to guarantee fundraising minimums. Please provide information below.

- Please charge my credit card immediately for my registration fees of \$** _____ *(total from above).*
- Please do NOT charge my credit card for my registration fees of \$** _____ *(total from above).*

Check enclosed, payable to National Brain Tumor Society.

By checking this box, I understand that I am expected to meet the fundraising minimum for my Rider category. I authorize NBTS to charge my credit card for any remaining balance if I do not meet the fundraising minimum by July 19, 2013.

Credit Card Information: Visa / Mastercard / American Express / Discover

Card #: _____ Exp. Date: ____/____/____ CVC #: _____

Please print name as it appears on card

Signature of cardholder

YOUTH PARTICIPANTS (ages 6-17)

In addition to myself, I am registering the following children between the ages of 6 and 17 years. In registering these children, I apply all terms of the WAIVER AND AGREEMENT TO RELEASE AND HOLD HARMLESS and the PRIVACY POLICY on my registration form to these children:

Name: _____ DOB: _____ / _____ / _____

Name: _____ DOB: _____ / _____ / _____

Name: _____ DOB: _____ / _____ / _____

Name: _____ DOB: _____ / _____ / _____

WAIVER AND AGREEMENT TO RELEASE AND HOLD HARMLESS

In order to complete and confirm my registration to participate in the Brain Tumor Ride (herein, the "Brain Tumor Ride" or the "event") presented by National Brain Tumor Society Inc. ("NBTS"), I hereby affirm, acknowledge, and agree to the following on behalf of myself and any minor for whom I am acting:

1. I am an adult age 18 years or older registering myself as a participant of the Brain Tumor Ride; or I am the parent/legal guardian acting on behalf of and registering a minor age 17 years or younger who wishes to participate in this event and that I have the legal authority to act and consent on his/her behalf.
2. I assume all responsibility for any and all damages to or the theft of personal property, or any bodily injury (including death) that may occur to me (or the minor) and further I assume responsibility for property damage and bodily injury (including death) that I (or the minor) may cause to others, in each case arising or resulting from, incident to, or as a consequence of, participation in the Brain Tumor Ride presented by NBTS.
3. I, for myself (and the minor) and my (and the minor's) heirs, executors, and administrators, release, indemnify, hold harmless from, and waive all claims, damages, and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of participation in the Brain Tumor Ride, which I (or the minor or either of our heirs, executors, or administrators) may now or hereafter have against NBTS, the cities and towns along the route, and/or the event's sponsors, vendors, and volunteers, including but not limited to NBTS, its affiliates, predecessors, successors and assigns, event venues, and the respective trustees, directors, managers, members, shareholders, employees, representatives and agents of any and all of the foregoing. WITHOUT LIMITING THE FOREGOING IN ANY WAY, I INTEND THIS TO BE A GENERAL WAIVER OF ANY AND ALL CLAIMS WHICH ARE IN ANY WAY RELATED TO PARTICIPATION IN THIS EVENT.
4. I understand that participating in this event is a hazardous activity and I attest and certify that I am physically capable and properly trained to participate in this event. I also attest and certify that any minor on whose behalf I am acting is physically capable, properly trained, and mature enough to participate in this event. I understand that NBTS will not provide supervision of or otherwise monitor minors participating in this event.
5. I acknowledge that I (and the minor) have reviewed and fully understand and agree to abide by all of the rules, guidelines, and requests that are listed under the EVENT INFO tab of the event website, or have requested and reviewed a paper copy of said rules and agree to (and will ensure that the minor will) follow all guidelines, requests, and rules as laid out in said document. I (and the minor) understand, acknowledge and agree that ALL RIDERS MUST WEAR A DOT CERTIFIED BIKE HELMET.
6. I grant full permission to NBTS to use my (and the minor's) name, voice, and/or likeness in any medium, including broadcasts, telecasts, advertising promotions, in-house publications, photographs, videos or other accounts of this event.
7. I understand that all donations processed are nonrefundable and nontransferable even if I (or the minor) don't participate in the event or the event is cancelled.
8. I attest that I have had sufficient opportunity to read this entire document and that I have read and understood it.

PRIVACY POLICY

National Brain Tumor Society values the trust you place in us. We will not sell, trade, or share the personal information you provide to us through our website(s) or by participating in this event with anyone else, nor will we send donor mailings on behalf of another organization without your written permission to do so. To read our complete privacy policy, visit www.braintumor.org/privacy.

Please sign below to acknowledge the Waiver and Agreement to Release, Indemnify, and Hold Harmless, as well as the Privacy Policy.

Participant Signature or Parent/Guardian Signature (if Participant is under 18)

Date