

# Habitat 500 Bike Ride

## CYCLIST PROFILE FORM

Cyclist Name and Rider #:

First Name Last Name Nickname

Address City State Zip

Birth Date Height Weight Sex (circle)  Yes  No  
Vegetarian Meals Requested

Home Phone Work Phone

Email Address (Required for Event Communication)

### HABITAT AFFILIATE I AM RIDING FOR:

Each cyclist may choose up to three affiliates to receive their funds raised. The rider is responsible for deciding what percentage of their funds raised (minimum 10%) goes to each affiliate.

Affiliate #1 Percent of Total Received

Affiliate Address City State Zip

Affiliate #2 Percent of Total Received

Affiliate Address City State Zip

Affiliate #3 Percent of Total Received

Affiliate Address City State Zip

\* Always send all gifts you collect to HABITAT 500 c/o Habitat for Humanity of Minnesota. ALL pledges must be received by HFH-MN by August 31st. At that time, checks will be mailed to the affiliate(s) you listed above.

### BACKGROUND INFORMATION

Are you involved with Habitat as a volunteer & in what capacity? \_\_\_\_\_

Do you have first aid experience? Any current/expired certificates? \_\_\_\_\_

CPR Training? CPR Ability? Other Medical Experience? \_\_\_\_\_

Will you have a cell phone on the Habitat 500 Ride? Please list #: \_\_\_\_\_

Have you ridden the Habitat 500 before? If yes, how many years? \_\_\_\_\_

### DEMOGRAPHIC INFORMATION (optional)

Current Employment: \_\_\_\_\_

Name of college/university/trade school attended: \_\_\_\_\_

Name of religious congregation: \_\_\_\_\_

### WAIVER OF LIABILITY

Please turn over the worksheet for the waiver information. The waiver must be signed by all riders before they can participate in the Habitat 500 Bike Ride.

Signature Required PLEASE TURN OVER



# Habitat 500 Bike Ride

## 2010 EVENT WAIVER AND RELEASE

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

### WILLFUL PARTICIPATION, ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

I choose to participate voluntarily as a Rider in the Habitat 500 Bike Ride for the purpose of raising funds and awareness for Habitat for Humanity. My participation in the Habitat 500 Bike Ride is of my own free will without any compulsion whatsoever.

I, \_\_\_\_\_, a participant of the HABITAT 500 Bike Ride, agree to assume all personal risk associated with the ride. I understand I am responsible for conducting myself in a safe and reasonable manner during the course of the ride. I agree to comply with the following safety guidelines:

- I will wear appropriate clothing and gear while cycling.
- I will carry my medical information with me at all times.
- I will wear an ANSI-approved bicycle helmet at all times while riding.
- I will ride on the right-hand side of the roadway and will obey all traffic signals and laws.
- I will ride single file on all roadways used by automobiles and other motorized vehicles.
- I will not consume any alcohol in any amount during ride hours.
- I will not be supported before the route opens at 7 AM or after the route is closed at 6 PM.

As lawful consideration for being permitted by Habitat for Humanity of Minnesota, Inc (HFH-MN) to participate in the Habitat 500 Bike Ride, I hereby for myself, my heirs, administrators, personal representatives and assigns, forever release and discharge HFH-MN and any benefiting agencies, their owners, shareholders, directors, officers, employees and agents (collectively the "Released Parties") from any and all liabilities, losses, costs, claims, demands or causes of action, that I may hereafter have for death, injuries and damages arising out of my participation as a Rider in the Habitat 500 Bike Ride, whether caused by negligence, active or passive, of the Released Parties or otherwise.

I acknowledge that the Released Parties have never expressly or impliedly assumed any responsibility for me as a Rider during the Habitat 500 for any fundraising effort or other activity connected to my participation in the Habitat 500 Bike Ride and any other activity connected therewith. I represent myself, my heirs, administrators, personal representatives and assigns that I wish the Released Parties to be the beneficiary of any funds I may pay and do not want the Released Parties to have any liability for any aspect of my payment. To that end, I agree to obtain comprehensive medical insurance and to pay the full cost there under to cover all potential risks of this fundraising endeavor.

I acknowledge that I alone am responsible for my personal safety, the condition of the bicycle or transportation device I will be riding, and all personal property I bring with me. I understand that I am solely responsible for my bicycle, vehicle, and personal property, which means that none of the Released Parties will be responsible for the safekeeping or custody of any such property. I hereby for myself, my heirs, administrators, personal representatives and assigns, forever release and discharge the Release Parties of any liability that may arise out of any act I commit resulting from my participation as a Rider in the Habitat 500 Bike Ride.

I understand and agree to the use of my name, photograph, voice or likeness by the Released Parties, their licensees, affiliates and employees. I consent to and authorize in advance such use and waive my right to privacy I have connection therewith.

I understand this is an outdoor event and the event, food, entertainment, and events will be subject to the weather and my registration fee is non-refundable for any reason, including weather related cancellations or postponements of all or part of the activities associated with the Habitat 500 Bike Ride.

I agree that my continued participation throughout the event is subject to the sole discretion of representatives of HFH-MN and should I be requested to discontinue my participation for medical, safety or any other reason, I shall immediately end my participation and carry out such directives as I receive.

### **I have read this waiver and release and understand its significance.**

Rider's Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

### **Participants under 18 years of age must have a parent or guardian signature below.**

As the parent/guardian, I have read the waiver and release form above. I understand and agree to its waiver and release provisions, consent to emergency medical treatment and will be responsible for any and all costs. I have discussed with the rider the requirements to observe all traffic laws, wear a helmet, and adhere to all other event rules and to act in a safe and prudent manner. I understand that an adult must accompany all participants under the age of 18 at all times and I have approved the adult indicated below to serve in that capacity.

Signature of legal parent or guardian if participant is under 18 years of age.

\_\_\_\_\_

Date \_\_\_\_\_

### **Signature of adult accompanying participants under 18.**

I am responsible for the rider named in this waiver and understand I must assure the rider adheres to all rules of the event and immediately end my participation in the event if requested to do so by representatives of HFH-MN for medical, safety or other reasons. I have advised the rider and the rider understands that should I have to end my participation in the event, the rider, too, will have to end his/her participation in the event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_