

I have participated in  
**The SMART Ride**  
(include Bike It & B.E.A.R. It in 2003)  
 1 Time    2 Times    3 Times  
 4 Times    I am a New Participant!!

**"The Southern Most AIDS/HIV Ride 2008"**  
**"The SMART Ride 5"**  
**November 14<sup>h</sup> & 15<sup>th</sup>, 2008**

|                                     |
|-------------------------------------|
| Participant # _____                 |
| Team # _____                        |
| <small>(Please leave blank)</small> |

**Registration Form**

Please Print Clearly

**I want to Ride**     **I want to be crew**

Crew is a part of support services; please indicate if you are volunteering as a medical, massage, bike technician, or motorcycle, dining or "other")

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ Unit # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home # \_\_\_\_\_

Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Personal Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Riders must be 18years or older)

**I know someone who can/ride or crew**

Rush information to: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, ST \_\_\_\_\_, Zip \_\_\_\_\_ Phone# \_\_\_\_\_

**Miscellaneous Information**

**I am Male**     **I am Female**

**My T-Shirt Size is**    S  M  L  XL  XXL

**Bike Shirt Size:**    S  M  L  XL  XXL

**I'd prefer Vegetarian Meals**

**Registration Fee**

A non-refundable fee of \$75.00 per person is required to participate in "The Southern Most AIDS Ride 2008". This fee does not apply toward the individual rider fundraising minimum target of \$1250

**The \$75.00 fee can be made out to, and sent via check or credit card to:**

**"The Smart Ride", 1314 E. Las Olas Blvd. Ste. 302, Fort Lauderdale, FL 33301**

Master Card     Visa     American Express     Check

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

The \$75 registration fee helps offset the costs of producing The SMART Ride. It is our goal, with your help to get as much donated as possible, **so let us know if you have a sponsorship contact, or you can donate any of the services we need.**

**In Case of an Emergency**

The ride is scheduled to take place from Miami to Key West and we want to make sure that we have proper contact information for you in the case of Emergency. Please list 2 contacts and the best way to reach them.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

City/State \_\_\_\_\_

Relationship rider/crew

City/State \_\_\_\_\_

Relationship rider/crew?

Phone #1 H  W  C

Phone #2 H  W  C

Phone #1 H  W  C

Phone #2 H  W  C

**Agreement**

As a participant in "The Southern Most AIDS Ride 2008", I agree to the following:

**Riders-**To raise a minimum of \$1250 in order to participate in this two-day bicycle ride, I agree to act in a responsible fashion when participating in this biking event, obeying all traffic laws as apply to bicycles. I will wear a Snell, ANSI, or STM-certified helmet during the ride and while participating in any and all training rides. I will always Ride with Safety as my number one objective.

**Crew-**I agree to be apart of the support system that assists the riders as well as, although not mandatory, to raise money by fundraising, thereby increasing the amount of overall dollars that will be given to the benefiting charities. I understand that my role in this event is crucial to the overall success and I will be willing to go the extra mile if called upon to ensure rider needs are met, and safety will always be the number one goal.

**In addition** as a participant, I agree to attend a Safety Session as offered prior to the start of the event. I understand that solicitation of this event is everyone's responsibility and will try my utmost to help the ride grow by soliciting for riders, crew, and sponsors to ultimately help those in need with HIV/AIDS.

**Waiver of Negligence & Release of Liability**

By participating in "The Southern Most AIDS Ride 2008, I understand this 165 mile non-competitive bicycle ride and related event, including but not limited to training rides. I understand that by participating I will be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks that may result. I am voluntarily participating in this event with knowledge of the dangers involved and I agree to accept any and all risks. In consideration for being involved in this event, I agree to assume all risks and to release and hold harmless any of the Benefiting Organizations/Agencies, the producers and/or organizers any parent company, or public entities, and their affiliated organizations, all modes of transportation to and from the event, as well as sponsors, officials, participating clubs organizations or communities and their respective officers, directors, agents, employees and members who, through negligence, carelessness or an other cause might otherwise be liable to me.

I am physically capable of participating in the "The Southern Most AIDS Ride 2008" event. I have made any medical care provider who knows me and may be treating me for any physical infirmity, ailment or illness, of my involvement and I have their permission to partake in this event. I acknowledge that I, and no one else, am solely responsible for my personal health and safety, the condition of the bicycle I will be riding, and the personal property I bring with me. I will read the ride description and rules for participation in the "The Southern Most AIDS Ride 2008" event and will abide by all rules and regulations established by the organizers and the State of Florida

I understand that my name, photograph, voice or likeness may be used by any of the organizers, beneficiaries, employees or affiliates. I consent to and authorize, in advance, such use and waive my rights of privacy I have in connection there within. I will provide proof of medical and accident insurance. If I do not provide this or do not have personal medical insurance or am not covered under any medical plan, I accept full responsibility for any costs incurred for medical treatment and evaluation. I understand that this is my responsibility to provide payment to any hospital, emergency response technician, emergency transport company, that may provide service to me as a result of injury or illness during the event. I will always keep SAFETY as my number one objective.

I have read and understand the contents. I certify that I am at least 18 years of age. I am aware that this is a release of liability and contract between me and persons and entities mentioned above and all of their respective officers, directors, employees, agents, volunteers, representatives, and I sign it of my own free will. In addition, I am aware that I will be asked to confirm my understanding of this agreement on the day of the event by signing another copy of this waiver, and the failure to do so will disqualify me from participating in the event without entitling me to any refund.

Signature \_\_\_\_\_

Date \_\_\_\_\_