

The First Annual

Just Ride for a Just Cause

Saturday, November 15th, 2014



REGISTRATION INFO

Register online at www.passionforhumanity.net/justride or by mailing in registration form to PO Box 945, Fulshear TX 77441, fax to 281-533-9790 or email to info@passionforhumanity.net

PAIR OF CYCLING SOCKS TO FIRST 400 REGISTRANTS!

Registration Fees:

\$35 early registration (on or before 9/30)

\$40 from 10/1 through 11/13

\$45 day of ride

Family Discounts (online registration not available)

\$75 family of 3

\$100 family of 4 or more

*socks not included in family discount pricing.

Cash, credit cards or check payable to **Passion for Humanity**

PLEASE COMPLETE ONE FORM FOR EACH RIDER

LAST NAME

FIRST NAME

ADDRESS

CITY

PHONE

EMAIL

Circle sock size: S/M (5-9) L/XL (9-13)

Circle planned route: 11 20 40 60 73 miles

IN CASE OF EMERGENCY (required)

CONTACT NAME

PHONE NUMBER

PACKET PICKUP INFO

Early packet pickup Friday, November 14, 11am-7pm at the following locations:

•Houston Cycling Centres, Southwest: 6607 S. Braeswood
Houston, TX 77096 (713) 777-5333

•Urban Bike Gallery: 4814 Nett St., Houston, TX 77007 (713) 863-0991

Packets may also be picked up the morning of the ride.

Simonton Community Church

9703 FM 1489 • Simonton, TX 77476

Breakfast from 7:30-8:30am

Lunch when you return

START TIME: 8:30am. There will be a staggered start with longest distance riders leaving first. Course closes at 3pm.

HELMETS are REQUIRED. Radios and headphones are prohibited. Equipment and/or accessories attached to bikes for transporting children or pets is prohibited. Skates and pets are not allowed. Riders must obey all traffic laws.

WAIVER AND INDEMNITY - MUST BE SIGNED

Assumption of Risk Waiver: In consideration of the acceptance of this registration, I, the undersigned, acknowledge that my participation in the Just Ride for a Just Cause ride is voluntary and I assume full and complete responsibility for any injury or accident to me or damages to persons or property caused by me, which may occur, during my participation in the Just Ride for a Just Cause ride. I certify that I am physically fit to participate in this event, and have not been informed otherwise or of any other limitation that would preclude my participation in this event by any physician or other healthcare provider. I certify that I am sufficiently experienced to ride in the Just Ride for a Just Cause ride. I HEREBY RELEASE, REMISE, AND HOLD HARMLESS THE SPONSORS, PROMOTERS, EVENT PARTNERS AND ALL OTHER PERSONS AND ENTITIES ASSOCIATED WITH THE EVENT FROM ANY AND ALL CLAIMS, DEMANDS, COSTS, LOSSES, ACTIONS, OR CAUSES OF ACTION RESULTING FROM ANY INJURY OR DAMAGE TO ME OR TO THIRD PARTIES WHETHER CAUSED BY MYSELF OR BY THE NEGLIGENCE OF THE SPONSORS, PROMOTERS, EVENT PARTNERS OR ANY OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE EVENT. I agree to wear an approved biking helmet. I understand that a bicycle is a "vehicle" in the State of Texas, and I will comply with all applicable vehicle laws. I understand that the risks of a lengthy bicycle tour include, but are not limited to: death, head injuries, fractures, dehydration, heat exhaustion, heat stroke, heart attack, and other possible minor or major injuries. I consent to emergency medical treatment in the event of injury or illness. I consent to the use of my name and photograph in connection with the Just Ride for a Just Cause ride in any form and in any medium. This Assumption of Risk Waiver may not be modified orally and may be modified only in writing by the participant and an authorized representative of Just Ride for a Just Cause. If entrant is under 18 years of age, his or her parent or legal guardian must sign and agree to the entry form and Assumption and Risk Waiver. Children under 18 must be accompanied by an adult. Event will occur rain or shine. No refunds will be provided.

SIGNATURE (Parent/guardian's signature if signing for minor)

DATE

MINOR'S NAME (if signing for minor, please print minor's name)

CREDIT CARD INFO Circle type of card: Visa Mastercard Amex Discover

Credit Card Nbr _____ Exp Date _____ Security Code _____ Billing Zip Code _____

Name on Credit Card _____ Signature _____