

JETTRIDE APPLICATION

Join the JettRide. Be a JettRider to raise funds and awareness for the fight against Duchenne muscular dystrophy. JettRiders must submit a \$100 rider fee with this completed and signed application form. Please send your application, as soon as possible, to the Jett Foundation, 42 Elm St, Kingston MA, 02364, or fax your application to 781.585.5233.

All Riders must provide their own transportation to and from the start and end points of the day's ride. Additional fundraising is encouraged. Please attach a copy of your health insurance card for our records.

Participant Information

Participant Name: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Cell Phone: _____

Circle One: Leader Leader in Training Rider

Height: _____ Weight: _____ Gender: _____

Any medical/health issues?: _____

Parent/Guardian Information

(If over 18, skip to emergency contact info)

Name: _____ Email: _____

Phone (work): _____ Cell: _____

Mailing Address (if different): _____

Emergency Contact Information

Name: _____ Email: _____

Phone(work): _____ Cell: _____

Mailing Address(if different): _____

Participant Signature: _____

Parent/Guardian Signature if under 18: _____

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Please submit a \$100 deposit with this completed and signed application form. As space is limited, we encourage you to send in your application as soon as possible to the Jett Foundation, 42 Elm St, Kingston MA, 02364. All cyclists are required to complete their personal fundraising promises in order to participate in the JettRide (see Fundraising Promise) as well as provide their own transportation to and from the start and end points of the ride. Your \$100 application fee will apply to your fundraising goal if you are selected for the JettRide.

Each participant must attach a copy of a photo ID, for example: student ID, passport.

Personal Reference

Please list the names and phone numbers of 2 contacts for personal reference. These contacts can be any of the following: employer, teacher, coach, advisor, community service leaders, elected official, sherrif or police officer. The Jett Foundation will contact personal references for a letter of recommendation.

Reference 1: _____

Reference 2: _____

Other Information

Describe your cycling experience(s) or other charity events you have participated in:
What is your motivation for participating in the JettRide, and what does the JettRide mean to you?
Please, attach more paper if necessary.

Are you riding in support of someone with DMD?(Circle One) Yes No

If yes, whom? _____

What is your relationship with this person?

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Statement of Intent

I am/my son or daughter is enthusiastic about participating in the JettRide program. I understand that an enjoyable and fulfilling experience with the JettRide depends upon a positive attitude, a willingness to contribute to the entire group, and a desire to participate with enthusiasm in the program's activities. I understand that disruptive behavior, the use or possession of any form of tobacco, alcohol or alcoholic product, or any illegal drugs will result in my immediate expulsion from the JettRide. In the event of expulsion from the JettRide for such violations, I will be responsible for the expenses of my return home. I/we give permission for our son/daughter to participate in the JettRide. I agree not to hold the Jett Foundation or any of its officials or members responsible for any accidents that may occur. Every effort will be made to make this a happy, healthy and positive experience. I have read, understand and agree to abide by the guidelines set forth in the JettRide manual. I also understand that it is my responsibility to fulfill my fundraising obligations by the deadlines set forth by the Jett Foundation. I have signed and agree with the JettRide Fundraising Promise. Both parent and rider confirm that the rider does not have any medical problems or conditions that would prevent him or her from successfully completing the JettRide.

Rider Signature _____ date:

Parent Signature _____ date:

I have attached a \$100 check payable to the Jett Foundation and a copy of a photo ID. All food/medical allergies are listed on the medical form.

Apparel

The Jett Foundation will provide each rider with one bike shirt. If you would like to purchase additional bike shirts, please complete the form below.

Rider Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Additional Shirt:

Quantity: Size: S M L XL XXL

Bike Shorts

Quantity: Size S M L XL XXL

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WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

I wish to participate in the JETTRIDE event promoted by Jett Foundation.

I understand that in participating in this event, I will be using public streets and facilities where many hazards exist; I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during these events and that I may be seriously injured or killed as a result. I am voluntarily participating in these events with knowledge of the dangers involved and I agree to accept all risks of injury or death.

In consideration for being permitted by Jett Foundation to participate in this events, I agree to assume all risks and to release and hold harmless, Jett Foundation, its designated beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the events and all other government or public entities, who, through negligence, carelessness or any other cause might be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in these events, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault.

I am physically capable of completing this event. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in this event. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives. I agree to accept and abide by all instructions of the training event leader. I will abide by all the rules and regulations of the state vehicle code. I agree to wear a properly fitted and adjusted ASTM-, ANSI-, CPSC- or SNELL-certified helmet AT ALL TIMES during my ride.

I have carefully read this Waiver and Release and fully understand its contents. I am aware this is a release of liability and a contract between myself and the persons and entities mentioned above and parental signature is required if the participant is under 18 years of age.

THIS IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.

I sign it of my own free will.

Print Name: _____ Telephone: _____ Date: _____

Signature: _____

Parent/Guardian Signature: _____
(if under 18)