

JETT RIDE 2011 DAY RIDER APPLICATION

Join the JettRide for a day. Be a JettRider to raise funds and awareness for the fight against Duchenne muscular dystrophy. DayRiders 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 DayRiders must provide their own transportation to and from the start and end points of the day's ride. Additional fundraising is encouraged. Your \$100 fee includes lunch and a free JettRide T-shirt. Please attach a copy of your health insurance card for our records.

Participant Information

Participant Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

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: _____

for office use only

WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

I wish to participate in the JETTRIDE event promoted by Jett Foundation & BIKETERNITY. 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 & BIKETERNITY to participate in this events, I agree to assume all risks and to release and hold harmless, Jett Foundation & BIKETERNITY, 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)