



# 2020 AIDS Ride for Life RIDER REGISTRATION FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: Day\_\_\_\_\_/Month\_\_\_\_\_/Year\_\_\_\_\_ GENDER: M F T

If you will be 14-16 years old on Ride day, who will be your accompanying rider?

\_\_\_\_\_

Do you have any medical conditions of which we should be aware: YES\_\_\_\_NO\_\_\_\_\_

PLEASE LIST : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER(s): \_\_\_\_\_

***YOUR EMERGENCY CONTACT CANNOT BE ANOTHER RIDER!***

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER(s): \_\_\_\_\_

MILES YOU WILL RIDE - PLEASE CIRCLE: 14 25 42 69 90 or 102 miles OR Indoor

ARE YOU ON A TEAM? YES NO ARE YOU THE TEAM CAPTAIN? YES NO

TEAM NAME: \_\_\_\_\_

Will you accept rider gifts, including t-shirt? YES NO

Men's T-Shirt size (if applicable): \_\_\_\_\_ Women's T-Shirt size (if applicable): \_\_\_\_\_

Are you a first time rider? YES NO If no, how many previous years? \_\_\_\_\_

Will you be attending Stewart Park dinner? YES NO

If yes, how many guests including yourself? \_\_\_\_\_

How did you hear about the Ride? \_\_\_\_\_

Check here if you would like to receive information about:

Training Rides \_\_\_\_\_ Sponsorship Opportunities: \_\_\_\_\_ other STAP events: \_\_\_\_\_

I would like to display an ARFL sign for my yard: \_\_\_\_\_

Contact: Cynthia Rotella, Development/ARFL/Special Events Coordinator  
crotella@stapinc.org or 607-272-4098 www.aidsrideforlife.org



## Cyclist Waiver of Negligence and Complete Release of Liability

**This document must be signed in order to participate in the AIDS RIDE FOR LIFE 2020.**

I wish to participate in the 2020 AIDS RIDE FOR LIFE, and all related events, including any group rides prior to September 12, 2020. I understand that the AIDS RIDE FOR LIFE is a one-day, 14 mile, 25 mile, 42-mile, 69 mile, 90-mile, or 102-mile or Indoor cycling non-competitive bicycle pledge ride to benefit STAP, Inc. I understand that by participating in the AIDS RIDE FOR LIFE, 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 also aware that accidents occur during bicycle riding and that I may be seriously injured or killed as a result. I am voluntarily participating in this event with knowledge of the dangers involved and I agree to accept any and all risks of injury or death.

In consideration for being permitted to participate in the AIDS RIDE FOR LIFE, I agree to assume all risks and to release and hold harmless STAP, Inc., the City of Ithaca, New York State Department of Transportation, and their affiliated employees and members, and AIDS RIDE FOR LIFE volunteers, who, through negligence, carelessness or another cause, might otherwise be liable to me.

I intend this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the AIDS RIDE FOR LIFE, 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 understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I am physically capable of participating in the AIDS RIDE FOR LIFE, and my medical care provider knows of and has approved my participation in the AIDS RIDE FOR LIFE. I acknowledge that I alone 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 have read the AIDS RIDE FOR LIFE Event Handbook and agree to abide by all rules, regulations, and safety requirements established by the AIDS RIDE FOR LIFE as well as the New York Vehicle Code. I agree to wear a properly fitted and adjusted ANSI, ASTM, SNELL, or another accredited or certified helmet during the ride at all times.

I understand that the beneficiaries, STAP, Inc., and their licensees, affiliates and employees may use my name, photograph, voice or likeness. I consent to and authorize in advance such use and waive my rights of privacy I have in connection therewith.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a Release of Liability and a contract between me and the persons and entities mentioned above and all of their respective officers, directors, employees, agents, and representatives, and I sign it of my own free will.

Name of Rider (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Required if rider is less than 18 years of age).