



Bike MS: Waves to Wine 2010 Ride Registration and Waiver

First: _____

Last: _____

Preferred Address: _____

City: _____ **State:** _____ **Zip:** _____

Home/Cell Phone: _____

Work Phone: _____

E-Mail: _____

Date of Birth: _____ Sex: M F

Employer: _____

2010 will be my _____ year of participation.

ROUTE SELECTION:

Day 1: 40, 75, or 100 miles: _____ **Day 2:** -50 or 75 miles: _____

Will you be riding as part of a team? Y N

Team Name: _____
Name of Company/Org: _____
Team Captain: _____
Team Type: <input type="checkbox"/> Friends/Family <input type="checkbox"/> Corporate <input type="checkbox"/> Other

T-Shirt Size: S M L XL XXL

2010 Registration Fee
Only \$20 through the end of 2009!

Registration Fees: The registration fee is non-refundable, non-transferable and does not apply toward the **\$350 minimum pledge**. **Registrations will not be accepted without payment.**

WAVIER

With respect to the Bike MS event with the National Multiple Sclerosis Society ("NMSS"), Northern California Chapter, for consideration of participation, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this potentially hazardous activity.

I further agree to waive and release from all claims and liabilities of any kind arising out of my participation and agree to hold harmless the National MS Society, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and give permission to use my image and photo taken during the event in any promotional material, publication, or on the website.

I do agree and accept full responsibility to obey the traffic and rules of safety for the event and understand that the National Multiple Sclerosis Society withholds the right to dismiss anyone that may cause disturbance during this event or disregard the rules with respect to safety.

I certify that I have read and understand the intent of this waiver and release.

Note: minors under the age of 18 must have waiver signed by parent and notarized.

I understand that I must turn in a **minimum of \$350 in pledge money** to be eligible to participate in Bike MS. I further understand that my registration fee does not apply toward the \$350 minimum pledge payment. I understand that funds from this event will be used for research, education and services to those individuals with multiple sclerosis.

Print First and Last Name

Signature

Date

Emergency Contact

Relation

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone _____ - _____ - _____

My Emergency Contact is participating the weekend of the ride

Notarized Signature of parent if participant is under 18 years of age:

Date: _____

CYCLISTS MAY NOT PARTICIPATE WITHOUT COMPLETING AND RETURNING THIS FORM TO THE NMSS-NORTHERN CALIF CHAPTER VIA FAX (415) 230-6652 OR BY MAIL TO: 1700 Owens ST, Suite #190, San Francisco, CA 94158.

<p>Payment Type</p> <p><input type="checkbox"/> Check enclosed <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER</p> <p>Authorized Signature: _____</p> <p>Card # _____</p> <p>Exp. Date: _____</p> <p>Name as it appears on card: _____</p>
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