



# Ride For Autism<sup>SM</sup>

GET IN GEAR AND HELP SOLVE THE PUZZLE OF AUTISM

*Free T-Shirt if form received by May 1st*

## RIDE FOR AUTISM<sup>SM</sup> REGISTRATION

*\$40 (18 and over) if form received by June 5<sup>th</sup>  
\$50 registration **on-site**  
\$5 (under 18: must be accompanied by a  
participant 18 or older)*

*In addition to the registration fee, you may also purchase our  
sumptuous lunch including hot pasta dishes, sandwiches, salads,  
cookies and beverages...all furnished by Camelot Catering:*

*Lunch: \$12 (adults), or \$7 (under 18)*

**Cash or check only**  
(make checks payable to "Ride for Autism")

**ONE FORM PER RIDER** PLEASE PRINT CLEARLY  
Submit to:

Ride for Autism, Inc  
522 Hwy. 9, #189  
Manalapan, NJ 07726

Name (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Team Name: \_\_\_\_\_ T-Shirt Size(S,M,L,XL) \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_  
(Please note: We keep your email private. We would appreciate it as this saves us postage.)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: (     ) \_\_\_\_\_

By signing below, I hereby agree, warrant, and covenant as follows:

I know that cycling, regardless of the distance, includes an element of risk. I should not enter and participate in the RIDE for AUTISM (hereinafter 'this event') on JUNE 13, 2009, unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event officials or volunteers may authorize necessary emergency treatment for me. I further assume any and all other risks associated with participating in this event including, but not limited to, illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of the weather (including temperature extremes and humidity) and the surface condition of the roads and sidewalks, all such risks being understood and appreciated by me. Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the foregoing: Ride for Autism, Inc., Autism New Jersey, g4 Productions, Inc., any of their trustees, officers, employees or members, event officials, volunteers, and any and all other sponsors, suppliers, agents, independent contractors, employees and any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver. I AGREE TO WEAR A BICYCLE HELMET WHILE CYCLING IN THIS EVENT. I also understand and agree that any sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in this event without liability or obligation to me.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Must be signed for participants under 18)