

# Registration Form

Please take time to answer all questions!!

Name \_\_\_\_\_ Phone: home \_\_\_\_\_ work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_ Birthday \_\_\_\_\_

Jersey size (these don't run small) \_\_\_\_\_ Type of road bike that you ride \_\_\_\_\_

How long have you been riding a road bike? \_\_\_\_\_ Average miles/per week on your road bike? \_\_\_\_\_

Average miles/hour on most rides? Flat: \_\_\_\_\_ Hills: \_\_\_\_\_

Your personal fundraising goal for Camp SAM: \_\_\_\_\_

**Please return registration form ASAP with your \$25 entry fee!! There is no registration on the day of the ride.**

Release of Responsibility: The person signing this document certifies that he/she has examined the information on this release form and registration form and that all information is complete, true, and correct. For the sole consideration of being allowed to participate in the Ride of Love, the undersigned hereby releases and forever discharges any member associated with the Ride of Love bike ride and Camp Smile A Mile, their heirs, successors and all other persons, firms, and corporations liable or who might have claimed to be liable (all and each "released person" from any and all claims, demands, damages, actions, causes of action or suits of any kind and nature whatsoever, and particularly on account of all future injuries both to the person and property which may have resulted, or may in the future, develop from participation in or training for the Ride of Love. I fully realize, acknowledge and assume the risks of the hazardous nature and dangers of participating in any bike ride, including by way of example and not limitations, the following: collisions with pedestrians, vehicles, other riders, and fixed or moving objects, safety hazards, equipment failure, inadequate safety equipment and weather conditions, and the possibility of serious physical injury associated with cycling.

This release has been completely read by or to the undersigned and the terms hereof are fully understood and voluntarily accepted for the purpose of releasing each released person from any and all claims, disputed or otherwise on account of any injury.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian if under 19: \_\_\_\_\_

## Mandatory Checklist for Ride of Love cyclists:

**Must contact Stephanie immediately** once you make the decision to join her for the ROL (NO REGISTRATION THE DAY OF). There are many planned group rides, much communication, etc. that must happen to make this ride successful? Do not show up on the day of the ride and expect to ride.

**Must follow a training program** months before the ride. I recommend that you follow my training program, we do plan group rides so that we all don't have to train alone. Each cyclists **MUST** commit to a good training program. There are lead and sweep riders to help maintain group integrity and there is a sag vehicle for those not able to maintain the pace. We ride together.....and we have a lot of miles to cover and we can't wait on anyone.

**Do you have a ride to ride start and do you have a ride at the end to bring you home (remember this is NOT an out and back ride)?** If this is a reason that will not allow you to ride please understand that cancer isn't convenient either, so see if you can't ask someone to help you out. You will really miss out if you don't ride and the others helping support you will miss out on a really neat experience.

To learn about how people make donations, how to record your donations, etc. make sure to visit the fundraising link.



**Mail registration to Ride of Love, c/o Stephanie Wilkins,  
PO Box 550155, Birmingham, AL 35255  
or fax: 205-323-6220**

Contact Stephanie: Ph: 205.323.8427 Fax:205.323.6220 Email: [stephanie.wilkins@campsam.org](mailto:stephanie.wilkins@campsam.org)

