

Rider Registration Form

ALL FIELDS ARE REQUIRED

Rider's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthday: _____

E-mail: _____

T-Shirt Size (women's cut)

- Small
- Medium
- Large
- X-Large
- XX-Large

Route

- 62 Miles
- 31 Miles
- 15 Miles
- MTB Trails

Cancer Survivor

- No
- Yes

Are you a returning rider?

- Yes No (If yes, how many years ___)

How did you hear about le Tour de Femme?

- | | |
|---|---|
| <input type="checkbox"/> WRAL / TV | <input type="checkbox"/> Friend / Word of Mouth |
| <input type="checkbox"/> Carolina Woman | <input type="checkbox"/> Returning Rider |
| <input type="checkbox"/> Bike Shops | <input type="checkbox"/> Facebook / Twitter |
| <input type="checkbox"/> Flier / Poster | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other: _____ | |

All le Tour de Femme riders are requested, but **NOT** required, to raise a minimum of \$50 in order to receive a le Tour de Femme fundraising incentive. The money will go towards the fight against cancer. Upon reception of this form, BeTheMomentum.com will automatically generate a fundraising page for you. You may opt to use this page as a tool to assist you in collecting donations. Information regarding this page will be sent to you immediately at the email address you provide in the form.

- Check here to Agree

In Honor / Memory of.....

Are you riding in honor or memory of someone? A loved one, a family member, a friend or even yourself? Let us know

Name: _____

Name: _____

Name: _____

Please complete this form and mail, along with a check written to "Grab My Wheel" for \$45.00, to:
Grab My Wheel : c/o Ron Hamner : 2305 Silent Stream Ct : Raleigh, NC 27607.

2024 Rider Waiver

The Tour de Femme is Grab My Wheel's signature fundraising event. The 2024 event will take place in North Carolina on October 12th.

All participants must pay the designated amount at the time of registration. Riders are only requested to raise an additional \$50. Minors under the age of 18 must be accompanied during the event by a parent or legal guardian who is also a registered participant and agrees to the fundraising commitment.

If I choose to participate in the ride, I agree to attempt to raise a minimum of \$50 for the Grab My Wheel.

I understand that while participating in the event, 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 may occur during the event(s) which could result in serious injury or death. I am voluntarily participating in this event, or events, with knowledge of all such risks. You must have medical insurance at the time of the event, and agree to the following Agreement and Waiver of Liability.

In consideration for being permitted to participate in this event, or events, I agree to assume all risks and to release, hold harmless and covenant not to sue Grab My Wheel and any designated beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the event, including the event medical sponsor, the Medical Director, and members of the Medical Team, and all other government or public entities including, but not limited to, the Department of Transportation and affiliated organizations and all their respective directors, officers, agents, employees and members (collectively, "the releasees"), for any claim, loss or liability that I may have arising out of my participation in the event, or events, including bodily injury, death or property damage, whether caused by negligence or carelessness of the releasees or otherwise.

I intend by the Waiver and Release of Liability to release in advance, and to waive my rights and to discharge all of the releasees from all claims, losses or liabilities for death, bodily injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in this event, or events, even though that liability may arise from negligence or carelessness on the part of the releasees, 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 of Liability is binding on my heirs, assigns and legal representatives.

I am physically capable of completing this event, or events. I understand that I may be asked to provide a doctor's note or other proof that I am permitted to participate by my primary healthcare provider. 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, or events. I will maintain personal health insurance while participating in the event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the event, or events, description and rules for participation in the event, or events, and I will abide by all rules and regulations established by the event organizers and personnel as well as the local vehicle code. I further agree that my participation in each event is subject to the sole discretion of the organizers and Medical Director of each event, and that my participation may be limited for medical or other safety-related reasons.

I understand that my name, photograph, voice or likeness may be used for all promotional purposes related to the event, or events, by Grab My Wheel and their sponsors, beneficiaries, licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. And I understand that I will not benefit financially from any use thereof.

I have carefully read this Waiver and Release of Liability and fully understand its contents. I am aware that by signing this Waiver and Release of Liability, I am waiving legal rights and knowing this, I sign it of my own free will.

Signature

(Parent or Guardian if under 18)

Date

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