



Registration Form

BIKE FOR BONES

Fee: \$25.00

(Please complete and mail)

Name: _____

Address: _____

Phone: _____

Email: _____

Age: _____ Sex M / F

T-Shirt Size S M L XL

Please make all checks payable to :
National Osteoporosis Foundation
Tax ID# 363350532

Pre-Registration Date 05-03-06

MAIL TO:

RSZ/Bike for Bones
649 North Lewis Road
D&L Building Suite 220
Limerick, PA 19468
610-495-0099

Donations: Pledges and donations are always appreciated. Please make all checks payable to the

National Osteoporosis Foundation

I cannot attend but please accept my donation of \$ _____ or contact:

www.nof.org (Donations@nof.org)

Waiver:

I, for myself, my family, and my heirs, waive and release all claims and liability of any kind against the National Osteoporosis Foundation, **RSZ Orthopaedics**, their sponsors, contractors, subsidiaries, partners, volunteers, employees, and any other parties connected in any way with **Bike for Bones** (“the Event”), and their successors and assigns, arising out of my participation in the Event, including those which may arise out of an intentional act or omission by a person I am releasing. I understand the inherent risks of bicycling in groups and participating in the Event. I warrant that (i) I am healthy and physically capable of participating in this Event, (ii) my bicycle and other equipment are safe and in working condition, (iii) as evidenced by my signature below, I will obey all the Rules of the Tour, (iv) I WILL wear a helmet. If I do not follow traffic rules or rules of the Event, I consent to being removed from the Event and will ride at my own risk, unsupported by event staff. I consent to medical treatment for injury or illness I suffer during the Event. I give my permission to the NOF and **RSZ Orthopaedics** to use my name, likeness, any photographs or other media, including video or audio, relating to the Event for any proper purpose and on the **NOF** and **RSZ Orthopaedics** websites.

Please Initial:

_____ I will wear a helmet

_____ I will ride predictably so motorists can anticipate my next move and react accordingly

_____ I will never ride more than 2 cyclists abreast and will ride single file on narrow shoulders

_____ I will not use a cell phone or headphones while riding

_____ I will pass cyclists on the left and only after calling out “on your left”

_____ I understand that I am only participating in “**Bike for Bones**” for the official duration, and ride earlier or later at my own risk

Signature: _____

Date: _____

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***Signature of Parent/Guardian
(required if participant is under the
age of 18)**