

# PARADISE *Ride Kaua'i* 2014

cycle for life - August 2-3, 2014

*Cyclist Registration & Release*

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Name: First	M.I.	Last
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth: Month / Day / Year		E-Mail Address
( )	( )	
Daytime Phone	Evening Phone	Cell Phone
Mailing Address	City	State Zip

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**\$49.00 Registration Fee thru February 28, 2014. Extended to April 15**

**\$69 Registration Fee thru August 2, 2014. Minimum \$300.00 Fundraising Required**

***Your Registration fee is non-refundable and non-transferable.***

☐ **By Check:** Make checks payable to **Malama Pono Health Services P.O. Box 1950 Lihue, HI 96766-5950**

☐ **By Credit Card:** Circle VISA MasterCard American Express Discover

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Exp. Date: mo / yr      Name as it appears on Credit Card: \_\_\_\_\_

☐ ☐ / ☐ ☐      Signature: \_\_\_\_\_

Billing Address *\*if different from above:* \_\_\_\_\_

Street / P.O. Box      City      State      Zip

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**Meal Preference** (circle up to 2) ANYTHING'S FINE NO RED MEAT VEGETARIAN (egg & milk products okay) VEGAN GLUTEN FREE

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**BICYCLE INFORMATION:** (Information for Bike techs to insure adequate repair supplies)  
Road Bike Hybrid Bike Mountain Bike **Valve Type:** \_\_\_\_\_

**MEDICAL HISTORY:** (This information will enable us to plan and better support riders should an emergency or accident occur during the ride.)

**MEDICATION/ALLERGIES:** None/ \_\_\_\_\_  
(List all medications and/or allergies)

**PERSONAL HISTORY:** Heart Disease: Yes No Rapid or irregular heartbeat: Yes No Diabetes: Yes No

**EMERGENCY CONTACT INFO:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

**How did you find out about this ride?**

☐ Print Advertisement ☐ Website ☐ Word of Mouth ☐ Other: \_\_\_\_\_

**What is your primary reason for choosing to participate in the PARADISE Ride Kaua'i 2014?** (Please choose one)

☐ To support Malama Pono ☐ Physical Challenge ☐ HIV/AIDS, STD, and Hep Funding Other \_\_\_\_\_

**Will you be participating as a part of a Team?** \_\_\_\_\_ **What is your Team's Name?** \_\_\_\_\_

**Would you prefer a T-shirt or a Tank top** \_\_\_\_\_

**What is your T-Shirt or Tank top Size? Please circle:** Small Medium Large XLarge XXL

**Would you like to receive additional information about Malama Pono?** ☐ Yes ☐ No

*\*Release\* Please sign and date the release on page 2 of this form and submit with your registration.  
(your registration form cannot be processed without a signed release).*

## **Waiver And Release**

### *Paradise Ride Kauai 2014*

I wish to participate in Paradise Ride Kauai 2014 (the "Event"). By my signing below, and by my participation in this Event, I acknowledge and understand that certain dangers are inherent in riding a bicycle and that it is not the job or responsibility of Paradise Ride Kauai, Malama Pono Health Services, nor any of its agents, organizers, directors, officers, employees or volunteers to serve as guardians of my safety. I certify that I am furnishing my own equipment and that it is in good operating condition, that my bicycle helmet is certified under CPSC, ANSI, ASTM or SNELL, and that I am sufficiently able and competent to handle road, weather and traffic conditions that may be encountered on any bike ride.

**I further warrant that I am physically fit and have, or will train sufficiently prior to participating in the Event. If, however, as a result of my participation in the Event, I require medical attention, I give my consent and authorize such medical care as is deemed necessary by medical personnel authorized to render aid. I also verify that I have adequate insurance, or will have at the time of the Event, and that I agree to be financially responsible for the costs of any such treatment.**

**I understand and agree that under no circumstances will Paradise Ride Kauai, Malama Pono Health Services, nor any of its agents, organizers, directors, officers employees or volunteers be responsible or liable for the following: (1) any damages as a result of a change in itinerary, cancellation or postponement of the Event, including the refund of any registration fees, donations, airline or other travel fees, and/or (2) any loss or theft of any personal gear including my bicycle. I also grant full permission for use of my name, photograph, videotape, motion picture, recordings and evaluations in connection with this Event.**

I further acknowledge and agree that neither Paradise Ride Kauai, Malama Pono Health Services, nor any of its agents, organizers, directors, officers, employees or volunteers, may be held liable in any way for any occurrence or accident in connection with said Event, and I further agree to hold them harmless and indemnify them from any claim by me, my family, estate, heirs or assigns arising out of my participation in this Event.

**I HAVE READ THIS WAIVER AND RELEASE AND I AGREE TO BE BOUND BY IT.** By my signing this Waiver and Release, I waive my rights and discharge Paradise Ride Kauai, Malama Pono Health Services and all others mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in this Event. I further warrant that I am of lawful age and legally competent to sign this Waiver and Release.

### ***READ CAREFULLY BEFORE SIGNING!***

By my signature below, I acknowledge and agree that I must raise a minimum of \$300.00 in order to participate in Paradise Ride Kauai 2014.

Signature of Entrant: \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Entrant: \_\_\_\_\_

**Parent or legal guardian must sign for, accompany and be responsible for all persons under the age of 18.** In the case of a minor, I, as guardian of such minor, hereby agree to the terms of the above Waiver and Release on behalf of my minor child(ren) or ward. By signing below, I agree that neither Paradise Ride Kauai, Malama Pono Health Services or any of its agents, organizers, directors, officers, employees or volunteers has any obligation to provide instruction to or supervision of my minor child(ren) or ward.

Signature of Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
**(if entrant is under 18 years of age)**

Print Guardian's Full Name: \_\_\_\_\_