



BIKE MS: MASON DIXON CHALLENGE /// OCTOBER 14-15, 2017

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF FORM, THANK YOU

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Phone:(\_\_\_\_\_) \_\_\_\_\_ Sex: M F Date of Birth (mm/dd/yy): \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Captain: \_\_\_\_\_

FUNDRAISING GOAL: \$\_\_\_\_\_ (Day 1 Cyclist minimum is \$150, Day 2 Cyclist minimum is \$250 and is due by 11/17/2017)

Please tell us your connection to MS:  I have MS  Spouse of a person w/ MS  Sibling of a person w/ MS
 Child of a person w/ MS  Parent of a person w/ MS  I have a friend or co-worker with MS

2017 will be my \_\_\_\_\_ year riding or  Yes, this is my first Bike MS event. T-Shirt Size: S M L XL XXL

I will riding:  Saturday Only or  Saturday and Sunday

NON-REFUNDABLE REGISTRATION FEE:

Please select your SATURDAY ONLY route (you can change your route at any time by contacting us 1 800-344-4867, subject to change):

25 Miles or  64 Miles

Free for Top 20 Members and Top 10 Team Captains

- \$10 Day 1/\$20 Day 2 Reg. Fee till 4/21
 \$20 Day 1/\$30 Day 2 Reg. Fee from 4/22 till 6/23
 \$30 Day 1/\$40 Day 2 Reg. Fee from 6/24 till 8/4
 \$30 Day 1/\$45 Day 2 Reg. Fee from 8/5 till 9/29
 \$50 Day of Registration Fee from 9/30 till 10/14
Online Registration Closes October 9th

Lodging, please read carefully: Registration for this Bike MS event does NOT include lodging. Please visit the Accommodations page for more instructions on how to make your reservation.

- I plan on staying overnight on Friday and Saturday night at Eisenhower Hotel & Conference Center or another event hotel/campground
 I plan on staying overnight on Friday ONLY at Eisenhower Hotel & Conference Center or another event hotel/campground
 I plan on staying overnight on Saturday ONLY at Eisenhower Hotel & Conference Center or another event hotel/campground
 I plan on staying at home or w/ friends or family.

REGISTRATION PAYMENT:

Registration Fee: \$\_\_\_\_\_
Dinner Ticket: \$\_\_\_\_\_
Personal Donation: \$\_\_\_\_\_
TOTAL ENCLOSED: \$\_\_\_\_\_

To make your reservations call: 717-334-8121 (Name of block: MS Bike Ride)

PAYMENT CHOICES:  Check Payable to the NMSS
 Please charge my Credit Card:

Dinner at Eisenhower Hotel & Conference Center on Saturday cost is \$15 per person: Join us for a celebration of Bike MS at this year's dinner event, more information to follow. I would like a Dinner Ticket:

Yes  No

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV # \_\_\_\_\_

I would like more information on:

- I am interested in being a Safety Marshall
 Brochures/Posters  Team Info
 MS Info  Volunteer Info

Authorization Signature: \_\_\_\_\_



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Name: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Day of Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

IN CASE OF EMERGENCY: Contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Day of Event Phone (\_\_\_\_\_) \_\_\_\_\_

DAY OF EMERGENCY INFO: Riding with: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

For consideration of participation in the Bike MS event listed above I waive and release the National Multiple Sclerosis Society ("NMSS"), its chapters, directors, officers, administrators, representatives and executors, past and present employees, volunteers, agents, supervisors, participants, all city and state governments, assigns, all sponsors, their representatives and successors and other persons (collectively, the "Releasees"), from any and all claims, liabilities, or causes of action arising out of an injury to me (or my child) and from any and all claims, liabilities, or cause of actions arising from my (or my child's) participation or attendance in this event.

Inherent and Potential Risks: I understand that Bike MS involves strenuous physical activity associated with bicycling long distances potentially over the course of several days. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating in Bike MS relating to the risk of strenuous physical activity, collisions with other riders, or falling off of my bicycle. I acknowledge that I (or my child) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume all risks from contact with other participants and volunteers, negligent or wanton acts of other participants and volunteers, any defects of conditions of road surfaces (including uneven or wet road surfaces or gravel on the road surface), failure of cyclists, vehicles, and non-participants to observe traffic signals or laws, and the effects of weather including high heat, thunderstorms, lightning, precipitation, cold temperatures, high winds, and/or humidity.

I acknowledge that my participation in Bike MS may involve an overnight stay and time off of my bicycle where I am still attending the Bike MS event. I assume all risk for any and all activities in addition to cycling that I (or my child) engage in throughout the entirety of the Bike MS event, including my (or my child's) safety from the beginning of Bike MS to the conclusion of the event.

I agree to dress myself (or my child) appropriately as to mitigate risk of physical injury to myself (or my child) including, but not limited to: wearing shoes appropriate for strenuous cycling involved in Bike MS; and dressing in conjunction with the weather. I understand that wearing a helmet that satisfies Consumer Product Safety Commission ("CPSC") standards is a requirement to participate in Bike MS. I agree to wear a helmet that satisfies CPSC standards for the entirety of my participation in Bike MS.

I agree that the Releasees are not responsible for any personal items or property lost or stolen before, during, or after Bike MS.

Medical Evaluation: I attest that I (or my child) am medically and physically able to participate in Bike MS. If I experience any doubt as to my (or my child's) ability to successfully and safely participate in and/or complete Bike MS, I take full responsibility for consulting a physician. I attest that, if I (or my child) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my child) should have or did consult a physician prior to participating in Bike MS.

I consent to emergency medical care and transportation in the event of injury to me (or my child) as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligent emergency rescue operations.

Voluntary Participation: I am fully aware of the risks connected with participation in Bike MS, whether specifically listed in this Release or not, and I voluntarily elect to participate in Bike MS knowing that this participation involves these risks. I understand that my participation in Bike MS accompanies a minimum fundraising obligation for the benefit of NMSS.

Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue

In consideration for being permitted to participate in Bike MS, I voluntarily agree for myself, my family, heirs, assigns, executors, and administrators to the following:

1. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me (or my child), or any loss or damage to property owned by me (or my child), as a result of participating in Bike MS.
2. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE the Releasees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my child), or to any property belonging to me (or my child), while participating in Bike MS including, but not limited to, any claim that the act or omission complained of was in whole or in part by the negligence or carelessness of the Releasees.

Acknowledgment and Compliance with Rules: I agree to observe all rules and safety procedures that accompany Bike MS and to abide by any decision of an event official relative to my (or my child's) ability to safely participate in the event. I agree to exhibit appropriate behavior at all times and to obey all laws, including all applicable state and local laws and regulations governing cyclists. NMSS and event officials may dismiss me (or my child), without refund, should my (or my child's) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

Severability: I agree that if any portion of this Release is deemed to be invalid, the remainder of the Release will still be binding and enforceable.

Photography Release: I hereby grant full permission to NMSS to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this event, in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, as well as to use my name, voice, likeness, and/or other indicia of identity, for editorial, educational, promotional, advertising, and commercial purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of NMSS. Further, I relinquish all rights, title, and interest in any and all photographs, motion pictures, recordings, or other records of Bike MS I may take or capture to NMSS.

I understand that the fundraising minimum is due by the morning of the ride in order to obtain my rider number and participate, and to receive a commemorative t-shirt. If you have not turned in the minimum prior to picking up your rider number you will be asked to sign a Promise to Pay Form, giving us a credit card number to secure the remainder of the amount owed. If the minimum is not met by the deadline, your card will be charged for the remaining balance. People living with MS depend on us. This is why we depend on you.

I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_