

NEW JERSEY RIDE AGAINST AIDS

SIGNED FORMS CHECKLIST

SEPTEMBER 24 – 26, 2010

LET'S MAKE AIDS HISTORY!

I have completed and signed the following forms for participation as required by the New Jersey Ride Against AIDS:

(Please initial below. Thanks!)

_____ Code of Conduct and Safety

_____ Confidential Emergency and Medical Information

_____ Ride Waiver

_____ Photo Release

_____ Vehicle Information

Name of Participant _____ Rider/Crew # _____

Signature of Participant _____

Date _____



New Jersey Ride Against AIDS *CODE OF CONDUCT AND SAFETY*

September 24 - September 26, 2010

Let's Make AIDS History!

Safety is our most important priority on this event. Please make sure it is yours as well. Your actions can and will affect others. **All participants are required to follow the rules and policies of the Ride to ensure a safe, successful event.** A rider or crewmember may be expelled from the Ride at any time for violation of the following policies.

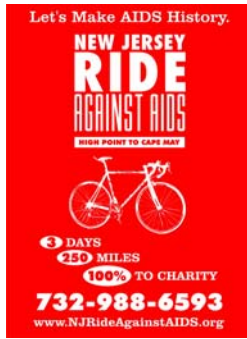
1. **Your Bike.** Have your bike tuned up before the ride. Make sure your gears and brakes are in excellent condition. **Be sure your ride coach has also looked over your bike.**
2. **Ride Safety.** Riding in a group is very different than riding by yourself. Unsafe riding behavior is prohibited. Always ride to the right leaving room to **pass on your left.** If you don't, you could force another rider into traffic, causing serious injury or death. **Ride single file and obey traffic laws.**
3. **Drafting.** Riders must never draft behind other riders or vehicles at any time, regardless of cycling experience.
4. **Helmets.** All riders are required to wear ANSI, Snell, or ASTM approved helmets. Failure to wear a helmet at all times while cycling is cause for immediate dismissal from the ride.
5. **Accountability.** Participants are required to sign in and out of designated checkpoints each day throughout the event. This is for your safety; we need to account for everyone at all times.
6. **Communication.** Always signal at turns and stops. Point out potholes and road hazards to riders behind you. Use your voice. Don't stop short without alerting other riders in advance by sounding off and using hand signals.
7. **Your Health.** Ride at a comfortable, steady pace. Be sure to eat and drink often. Always carry water or an electrolyte replacement drink. Eat before you are hungry and drink before you are thirsty. Always have snacks with you.
8. **No Headphones/Cell Phones.** Riders are prohibited from wearing headphones or using radios or cell phones while riding. It is against the law.
9. **Laws.** All event participants are prohibited from engaging in any activity that is in violation of any traffic or criminal laws.
10. **No Alcohol/Drugs.** Neither alcohol nor drugs are permitted in the event at any time. The event begins Friday morning and ends Sunday afternoon.
11. **Inappropriate Behavior.** Inappropriate behavior is prohibited. This includes fighting, arguing, horseplay, or harassment of others.
12. **Directions/Instructions.** All participants must follow directions/instructions given to them by ride officials and staff. All riders must remain on the ride route.
13. **Children/Minors.** Children/minors under the age of 18 are prohibited from this event.
14. **Pets.** Pets are prohibited from this event.
15. **Vehicles.** Discourage family and friends from driving along the route. It can create a severe safety hazard.
16. **Guests.** Guests may visit participants at the nightly sleepover points, but may not stay overnight.
17. **Leaving The Event.** Anyone who wishes to leave the event (or is dismissed) must sign a release form. Transportation expenses are the responsibility of the individual. Pledges and registration fees are not returnable. Once you withdraw or are dismissed from the event you cannot return and you are no longer covered under the event insurance.

I have read and understand the above rules and policies of the New Jersey Ride Against AIDS and will abide by all. I further understand that by my failure to comply with any one of the above policies will be cause for immediate dismissal from the event.

Name (printed) _____ Name (signed) _____

Date _____ Rider/Crew/Volunteer No. _____

**Thank you for your cooperation. Have a safe and enjoyable ride!
New Jersey Ride Against AIDS, PO Box 127, Bradley Beach, NJ 07720**



New Jersey Ride Against AIDS
**CONFIDENTIAL EMERGENCY
MEDICAL INFORMATION**
September 24 – September 26, 2010
Let's Make AIDS History!

Completion of this document by all riders and crew/volunteers is mandatory for participation.

Last Name _____ First Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Allergies (Food, Environmental, Medication): _____

Medications: _____

Do any of these medications need refrigeration? ____ Yes (If so, please place a * next to items) ____ No

Do you have any current or past significant health issues we should be aware of? Please explain.

Is there anyone on the ride that we may contact in the event you become ill or injured? ____ Yes (If so, fill in below) ____ No

Rider/Crew No. _____ Name _____

Will you have any special needs while on the ride? ____ Yes (If so, list below) ____ No

Emergency Contact:

Name: _____ Relationship: _____

Phone: Day: _____ Evening: _____

Primary Physician(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Information:

Company: _____

Policy #: _____ Group #: _____

Participants without Insurance Coverage:

I certify I do not have medical insurance and that I am not eligible for any health benefits including Medicare, Medicaid or other state or local welfare plan. Participant initials _____

I HEREBY RELEASE THE ABOVE INFORMATION TO THE NEW JERSEY RIDE AGAINST AIDS MEDICAL PERSONNEL AND ANY OTHER MEDICAL PERSONNEL WHO MAY NEED TO CARE FOR ME WHILE ON THE RIDE.

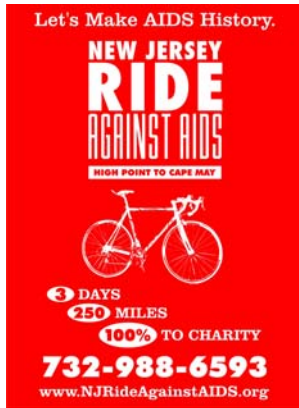
SIGNATURE: _____ **DATE:** _____

Mail To: New Jersey Ride Against AIDS, PO Box 127, Bradley Beach, NJ 07720



NEW JERSEY RIDE AGAINST AIDS

IN CONSEQUENCE of my being permitted to participate in anyway



New Jersey Ride Against AIDS

PHOTO RELEASE

September 24 – September 26, 2010

Let's Make AIDS History!

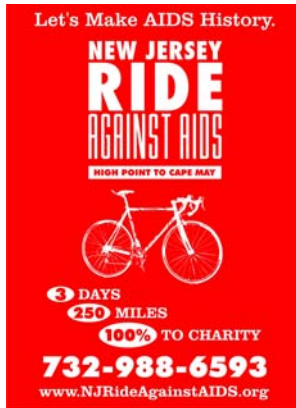
In consideration of my being permitted to participate in the New Jersey Ride Against AIDS **September 24 – September 26, 2010**, I consent hereby to the use of any photograph, image, spoken words, and/or written words of me to be used by New Jersey Ride Against AIDS at the level of press, radio, television, and electronic media for the purpose of public relations, fundraising, and recruitment.

I further understand that by my likeness appearing in any of the above mentioned media forms I will not be compensated either monetarily or otherwise.

PRINTED NAME OF PARTICIPANT _____

SIGNATURE OF PARTICIPANT _____

DATE _____



New Jersey Ride Against AIDS

VEHICLE INFORMATION

September 24 – September 26, 2010

Let's Make AIDS History!

The following information must be provided to the New Jersey Ride Against AIDS if you will be using your own car, truck, or motorcycle during the Ride. **Please attach copies of your documents.**

Please return this form to our office as soon as possible.

License Information:	Name	
	State Issuing	
	Address	
	City	
	State, Zip	
	License Number	
Insurance Information:	Company	
	Policy #	
	Expiration Date	
Registration Information:	State	
	Registration #	
	Make	
	Model	
	Year	
	Name on Registration	

New Jersey Ride Against AIDS
PO Box 127
Bradley Beach, NJ 07720
732-988-6593
NJRideAgainstAIDS.org