

Arkansas Ride for the Cure®

Benefiting the Arkansas Affiliate of the Susan G. Komen for the Cure

Bicycle Ride Through Beautiful Northeast Arkansas 10, 20 & 50 Mile Routes

Saturday April 18th, 2009 – Jonesboro, Arkansas

Cyclists from all over Arkansas are invited to the first ever Arkansas Ride for the Cure® benefiting the Arkansas Affiliate of the Susan G. Komen for the Cure on Saturday, April 18, 2009. Proceeds from the event will provide funds for education, screening and treatment programs for breast cancer. St. Bernards Healthcare, HMG (Healthcare Medical Group), St. Bernards Sports Medicine, and Gearhead Outfitters are the proud sponsors of this event.

The Arkansas Ride for the Cure® is being held in conjunction with the HMG Health & Fitness Expo at the Arkansas State University Convocation Center the weekend of April the 18th. Join us in Northeast Arkansas for the Ride for the Cure®, and then enjoy being part of the largest Health & Fitness Expo in the state! If you are not able to make it to Jonesboro for the Ride, please join us as a Spirit Rider. All Spirit Riders will receive t-shirts, if registered by April 1, 2009.

The 2009 Ride for the Cure® will begin and end on the campus of Arkansas State University in Jonesboro, Arkansas at the Convocation Center off of Stadium Drive. Join us for an 8:30 a.m. riders' start with police escort out of town, and then enjoy a 10, 20 & 50 mile ride through beautiful Crowley's Ridge in Northeast Arkansas. The three courses offer very little traffic on quite country farm roads. The 10 & 20 mile rides will be very beginner friendly with SAG support & rest stops along the way. The 50 mile loop will have two additional rest stops. All courses will be well marked and supported throughout the ride.

Each pre-registered participant is guaranteed a Ride for the Cure® T-Shirt and goody bag. Morning check-in and shirt pickup will begin at 7:00 a.m. with breakfast being served. The ride will promptly begin at 8:30 a.m., and helmets are required for all riders. In addition to T-Shirts, Ride Jerseys will be available on a limited basis for an additional \$100 dollar donation. A request for a Jersey must be listed on the Entry Form with appropriate size. Please also visit www.hmg.md for local discounts on hotels for the ride.

Saturday April 18th, 2009 – Jonesboro, Arkansas

- 7:00 a.m. - Check In and Breakfast Begins
- 8:00 a.m. - Rider Line-Up Begins
- 8:15 a.m. - Introductions
- 8:30 a.m. - Ride Mass Start with Police Escort

Registration and payment can be processed online at www.hmg.md, or can also be dropped off at Gearhead Outfitters or St. Bernards Sports Medicine Clinic off of Stadium Blvd. at Arkansas State University Football Stadium. If mailing your registration and payment, please mail to Brad Bauer, St. Bernards Medical Center, 1144 E. Matthews, Jonesboro, AR 72401-4314. Join us for the first ever Arkansas Ride for the Cure® and the fight against Breast Cancer! For further information, call 1-870-931-3627.

Entry Form

One person per form and please print legibly: (This form may be duplicated)

Circle Distance: 10 miles 20 miles 50 miles Spirit Rider

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail Address: _____

Emergency Contact Name: _____ Emergency Phone: _____

Circle T-Shirt Size: S M L XL XXL

I would also like to purchase a jersey for \$100 donation: Yes No

Youth T-shirt Available: YS YM YL

Registration Fees:

\$30.00 Before April 1, 2009 \$45.00 After April 1, 2009 \$20.00 Spirit Rider

All Registrations must be received by April 1, 2009 to be guaranteed a t-shirt size. Remaining t-shirts will be given out on a first come first served basis at the event until they are all distributed.

RIDE WAIVER AND RELEASE (Participant must agree in order to be eligible to participate in the Ride):

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and represent and warrant that I am in good physical condition and that I have sufficient skill and experience to safely participate in this event. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY RISKS OF LOSS, DAMAGE, OR INJURY WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC., ITS LOCAL AFFILIATES, THE KOMEN ARKANSAS RIDE FOR THE CURE®, ANY RIDE SPONSORS AND THEIR AGENTS AND EMPLOYEES, ANY INDIVIDUALS AFFILIATED WITH THE FOREGOING, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (TOGETHER, THE "RELEASEES") FROM ALL LIABILITY OF ANY KIND TO ME AND MY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS, AND EXECUTORS, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE ACCOUNT OF INJURY OR DEATH TO ME OR MY PROPERTY, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OR ALL THE RELEASEES OR CAUSED BY FALLS, CONTACT WITH OTHER PARTICIPANTS, CONDITIONS OF THE COURSE, OR OTHERWISE, IN CONNECTION WITH MY PARTICIPATION IN THE EVENT. If I do not follow all the rules of this event, I understand that I may be removed from participation. I give my full permission to the Komen Foundation, its local affiliate, and the sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during my participation in this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding. **I further agree to wear an ANSI or Snell approved bicycle helmet at all times I am on the bike during my participation in this event and to abide by the traffic rules and regulations of the State of Arkansas.** I hereby grant to the Releasees and their agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed.

By signing below, the undersigned represents and warrants to Releasees that he or she has read the entire statement and understands the contents thereof.

If the Participant is under 18: I, the undersigned parent/guardian agree that the Participant has my permission to participate in the event; that the parent/guardian has read the foregoing waiver and release agreement and by signing below intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further represents that the Participant is in good physical condition and is able to participate in the event. I hereby authorize medical treatment for him or her and grant access to the Participant's medical records as necessary.

Signature : _____ **Date:** _____

Parent's Signature if under 18: _____ **Date:** _____