



# REGISTRATION FORM

October 13, 2018\*

You may also register online at [www.wallstrettridesfar.org](http://www.wallstrettridesfar.org).

**One registration per form, please. You may make copies of this form for multiple registrations.**

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Gender  Female  Male

T-shirt size  S  M  L  XL

Would you like vegetarian (non-vegan) meals?  No  Yes

Check here if you do not wish to receive mailings from the beneficiary.

Date of Birth \_\_\_\_\_

*(Solo participants must be at least 18. 12-17 year olds may participate on certain routes; please call us for restrictions)*

Crew: Do you have a valid driver's license?  No  Yes

Do you plan to use your car on the event?  No  Yes

### How did you hear about Wall Street Rides FAR?

Previous participant  At my company \_\_\_\_\_

Family/Friend  Article/TV/Radio (please specify) \_\_\_\_\_

Website  Ad (please specify) \_\_\_\_\_

Poster or postcard  Other (please specify) \_\_\_\_\_

Autism Science Foundation

## REGISTRATION FEE – Riders Only

My check, **payable to "Autism Science Foundation,"** is enclosed.

Please bill my  VISA  MC  Amex  Discover

Address \_\_\_\_\_

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

Account Number \_\_\_\_\_

Exp. Mo/Yr \_\_\_\_\_

CVC \_\_\_\_\_

I am registering as  a rider  crew

### Riders

- \$35 until March 30, 2018
- \$70 until September 28, 2018
- \$85 after September 28, 2018
- \$35 for the 4-mile ride or 5K walk

### Crew

- No charge

### All registrants must sign below

I understand that the registration fee is non-refundable. I authorize Autism Science Foundation to charge my credit card as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACTS *Please list two.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

## YOUR AGREEMENT

I understand that in order to participate as a rider or walker in Wall Street Rides FAR ("the Event") it is my responsibility to complete the donation/fundraising requirement, in checks and approved credit card donations, due to The Autism Science Foundation by October 13, 2018 ("Registration"), or guarantee the balance due by certified check or credit card on that date. The donation/fundraising requirement is \$500 for riders on any cycling route of 20 miles or longer; \$250 for individual riders on the 4-mile "family" ride and walkers on the 5K walk; and \$250 for families of up to two adults and two children under 12 on the 4-mile "family" ride and walkers on the 5K walk. (Crew has no fundraising requirement.) The balance due cannot exceed \$150 in outstanding donations on routes of 20 miles or longer, or \$100 on the 4-mile ride or 5K walk route. I understand that donations mailed in after September 21, 2018 may not be entered into my account until after Registration and that I will be required to guarantee these donations by certified check or credit card until they are entered in my account. I also understand that if I have not completed the required donations by the deadline, I may make my own donation to The Autism Science Foundation for the balance in order to participate in the Event. I understand that failure to complete the balance of the fundraising requirement by that date will result in the forfeiture of my place on the Event. I understand that all donations processed by The Autism Science Foundation are non-refundable, even if I do not participate in the Event. I certify that I will be at least 18 years of age at the time of the Event. I further understand that I must provide proof of health insurance coverage (via a waiver to be provided to me before the Event) in order to participate in the Event, or in the absence of health insurance, must sign a separate release of liability prior to the start of the Event.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**You must sign the waiver on the next page.**

\* Date tentative

# WALL STREET RIDES FAR: ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT

For participant and the parent or legal guardian of a minor participant

**INTRODUCTION:** Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter “Document”) carefully before signing. In this Document, the term “participant” includes any volunteer. **The participant must sign this Document. If participant is a minor (minors are those under 18 years of age; hereafter sometimes “minor” or “child”), one of the participant’s parents or legal guardians (hereafter collectively referred to as “parent”) must also sign.**

In consideration of the services of the Autism Science Foundation, a non-profit corporation exempt from taxation under Internal Revenue Code section 501(c)(3) (hereafter “ASF”) and Global Impact Tours Inc. dba Global Impact Productions (hereafter “GIP”), in allowing me/my child to participate in the Wall Street Rides FAR bicycling and walking event (referred to in this Document as “the Event” or “Event”) and related activities, **I (participant and parent of a minor participant) acknowledge and agree as follows:**

The Event is scheduled to take place on October 13, 2018. If the date of the Event is changed, this agreement remains in effect. ASF and GIP are taking part in hosting and organizing the Event and related activities. Other individuals and organizations (independent providers) not associated or affiliated with either ASF or GIP, will also assist in various ways with the Event. I acknowledge that these independent providers are not employees or agents of either ASF or GIP, that ASF and GIP do not supervise or control these independent providers and that neither ASF or GIP are responsible for any of their conduct. In addition, the Event and related activities take place at facilities and on premises not owned or controlled by ASF or GIP, and neither ASF nor GIP oversee or take responsibility for any aspect or condition of these independent facilities or premises.

**Event Routes and participation; restrictions:** There will be four ride routes – approximately 62 miles (“Long”), 30 miles (“Medium”), 20 miles (“Short”), and 4 miles (“Family”) – and one walk route of approximately 3.1 miles. (Event distances are approximate, may change and are used for reference only). Participants must be at least 12 yrs. of age on Event day to participate in the Short ride, at least 14 yrs. of age on Event day to participate in the Medium ride and at least 16 yrs. of age on Event day to participate in the Long ride.

## **ACTIVITIES, RISKS AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS:**

Participating (whether simply attending, observing, assisting (for example, as a volunteer) or actively participating) in the Event or related activities includes risks. These activities take place in both New York and Connecticut and include but are not limited to: participation in the Event (bicycling or otherwise) or other pre or post event activities, including demo-ing (trying out) outdoor gear; socializing; transportation in vehicles (including Sag wagons) during the Event or otherwise, and use of any equipment, facilities and/or premises (collectively referred to in this Document as “activities”). **I acknowledge that these activities include inherent and other risks, hazards and dangers (collectively referred to in this Document as “risks”) that can cause injury, (including mental or emotional trauma, paralysis or other disability), damage, death or other loss to participant or others.** If participant is a minor, the parent agrees to discuss the nature of these activities and risks with their child, and gives their child permission to participate in all activities. **The following describes some, but not all of those risks:**

**Risks associated with bicycling or any athletic activity.** These risks include the risk that a participant may overestimate his or her abilities or fitness; be inattentive; lose control or balance and trip or fall (from a bike or otherwise) and/or collide with, for example, other riders or walkers, people, natural or manmade stationary objects or vehicles; not understand the functioning of (or misuse) the equipment; fail to negotiate steep, uneven or difficult roads or terrain; not control his or her speed or experience equipment malfunction.

**Road hazards.** Risks include being struck by a vehicle, other rider, walker or other obstacle on a public or private roadway while traveling on a bike, on foot, in a vehicle or otherwise; potholes; cracks; loose gravel; uneven or crumbling surfaces; blind or steep curves; vehicles or bicycles impeding vision.

**Risks present in an outdoor environment.** Participants’ travel may be subject to storms, including strong winds, rain, lightning or hail; hot, humid or cold weather; stinging, venomous and/or disease carrying animals, insects or microorganisms; poisonous plants; wild or domestic animals and other natural or man-made hazards. Hazards may not be marked or visible and weather is always unpredictable.

**Judgment and decision-making risks.** This include the risk that the participant, or a volunteer, co-participant or other person may misjudge a participant’s capabilities, health or physical condition, or misjudge an aspect of the Event course or roadways, medical treatment or other issue.

**Personal health and participation risks.** The participant’s mental, physical or emotional condition (including use or abuse of alcohol or prescription or non-prescription drugs), disclosed or undisclosed, known or unknown, combined with participation in these activities includes risks. ASF, GIP or others assisting with the activities cannot anticipate or eliminate risks or complications posed by participant’s mental, physical (including fitness level) or emotional condition.

**Equipment risks.** The risk that equipment used in an activity may be misused, or may break, fail or malfunction. Participants (and parents of minors) assume full responsibility for choosing appropriate equipment and for the fit and condition of the equipment. Participant must wear a properly fitted ANSI, ASTM or SNELL certified helmet at all times when riding in the Event. Helmets or other safety gear may prevent or lessen injuries in some instances; however, use of safety gear is not a guarantee of safety, and injury can occur even with the use of this gear.

**Risks connected with location.** Activity location may cause or contribute to delays or difficulties in communication, transportation or medical care.

**Premises risks.** Ruts, holes, water bodies, uneven ground, drop-offs or other conditions may exist in and around the activities.

**Risks regarding conduct.** The potential that the participant, or other participants or third parties may act carelessly or recklessly.

## **I (participant and parent of a minor participant) agree:**

- I understand that my/my child’s participation in the Event is contingent on submission of this signed Document, and any other required information, forms and payment, and agree that I/my child will obey all traffic laws and Event participation rules;
- ASF or GIP representatives are available should I have further questions about these activities or the associated risks;
- I/my child is fully capable of participating without causing harm to himself/herself or others. I agree that it is my responsibility, in conjunction with my/my child’s physician, to determine whether these activities are appropriate for me/my child, before participation, considering my/my child’s mental, physical and emotional condition;
- the information provided above is not complete, other unknown or unanticipated activities, risks and outcomes may exist, and ASF, GIP or anyone else cannot assure my/my child’s safety or eliminate any of these risks;

- I understand that neither ASF nor GIP staff, volunteers or anyone associated with them will be supervising participant during the activities or at any time. **Adult participant agrees he/she is solely responsible for his/her own well-being at all times, and the parent of a minor agrees to take sole responsibility for the minor participant's supervision at all times;**
- **Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and parent of a minor participant) expressly assume and accept the inherent and other risks (both known and unknown, described above or otherwise) of these activities and responsibility for any injury, damage, death or other loss suffered by participant (and a minor's parent), resulting from those risks, including the risk of participant's own negligence or other misconduct.**

**RELEASE AND INDEMNITY AGREEMENT:**

**Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights. I (adult participant, or parent for myself and for and on behalf of my participating minor child) agree as follows:**

1) **to release and agree not to sue** ASF or GIP, and each of their respective owners, officers, directors, employees, agents, representatives, volunteers, contractors, affiliated individuals or entities, and any other Event sponsors, hosts, organizers, promoters, producers, officials, advertisers, vendors, staff or volunteers (including the Event Medical Team), all property owners including the Westchester County Department of Parks, Recreation and Conservation and state, city, town, county or other governmental bodies and/or municipal agencies, including state Departments of Transportation, whose property and/or personnel are used and/or who assist in locations where the activities take place, any Event donors, sponsors or fundraisers, and each of their respective owners, officers, directors, employees, agents, representatives, volunteers, contractors and affiliated individuals or entities (all individually and collectively referred to in this Document as the "Released Parties"), with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter "claim" or "claim/s"), for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities, including use of any equipment, facilities or premises. **I understand I agree here to waive all claim/s I or my child may have against the Released Parties and agree that neither I, my child nor anyone acting on my or my child's behalf, will make a claim against the Released Parties as a result of any injury, damage, death or other loss suffered by me or my child;**

2) **to defend and indemnify** ("indemnify" meaning protect by reimbursement or payment) **the Released Parties**, with respect to any and all claim/s brought by or on behalf of me, my spouse, my participating child, my/my child's other family member/s, a co-participant or any other person for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities, including use of any equipment, facilities or premises.

**This Release and Indemnity Agreement includes claim/s of or resulting from the Released Parties' negligence (but not any of their willful or grossly negligent misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency, medical, drug and/or health issues, response, assessment or treatment), property damage, loss of consortium, breach of contract or any other claim.**

**OTHER PROVISIONS:**

**I (participant and parent of a minor participant) agree:**

- New York substantive law (without regard to its "conflict of laws" rules) govern this Document, any dispute I or my child have with the Released Parties and all other aspects of my/my child's relationship with the Released Parties, contractual or otherwise, and agree that any mediation, suit or other proceeding must be filed or entered into only in a place of business or state or federal court in New York;
- to attempt to settle any dispute (not settled by discussion) through mediation before a mutually acceptable New York mediator;
- I authorize Event staff, volunteers or other medical personnel to obtain or provide medical care for me/my child, to transport me/my child to a medical facility, and/or to provide treatment they consider necessary for my/my child's health; I agree to pay all associated costs whether or not covered by my/my child's insurance;
- I grant ASF and GIP (including Alan Barnett, Inc. or any other designees), the right and permission to photograph, film, record and/or otherwise capture the name, image, voice, written statement, photograph and/or visual likeness of me, my child and/or my or my child's other family members (collectively "images"), for use in any media throughout the world in perpetuity, including for use in broadcasts, or for sale, reproduction or display on the internet, in publications and/or for any informational, educational, promotional or other purposes, without compensation to me or my child. ASF and GIP own all ownership/copyright rights in the images and I waive any privacy, inspection or approval rights;
- ASF or GIP reserve the right to terminate my/my child's participation in any activities, if, in their discretion, participant poses a behavioral, medical or other concern;
- **This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable, it shall not affect the enforceability of the remaining provisions, and those remaining provisions shall continue in full force and effect.**

**Participant and parent of a minor participant agree:** I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and legally binding upon me, my participating minor child, spouse and other children, and participant's/parent's other family members, heirs, executors, representatives, subrogors, assigns and estate. The participant must sign below. If participant is a minor (minors are those under 18 yrs. of age), a parent or legal guardian must also sign below. *I understand that my signature is valid and legally binding whether I electronically sign or sign a printable version of this Document.*

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Participant Signature /Date /Print Name Here /Participant Date of Birth

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Parent or Guardian Signature /Date /Print name here  
**(Required if participant is under 18 yrs. of age)**

**Make checks payable to: "Autism Science Foundation"**

**Send your registration  
with payment to:**

WALL STREET RIDES FAR  
c/o Global Impact Productions  
127 West 26th Street, Suite 402  
New York, NY 10001  
Phone 212-989-1111  
Fax 212-807-1853

Wall Street Rides FAR is created and produced by

