

# Ben Ride Registration Form



\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Email address

**17 Years Supporting  
Leukemia Research**

\_\_\_\_\_  
Other Riders

I/We plan to ride the: 10 mi  20 mi  35 mi   
(Number of riders on each route)

I/We plan to stay for lunch: **Yes / No** How many? \_\_\_\_\_

Donation amount for ride recommended @ \$25 per rider: \$ \_\_\_\_\_

Please accept my donation, but I don't plan to ride: \$ \_\_\_\_\_

**\*Please bring company matching donation forms if possible\***

## T-Shirt Selection:

Please select adult size and number of shirts requested. One shirt per rider, please!

XS  S  M  L  XL  XXL

## MAIL CHECK PAYABLE TO:

**“J. BENJAMIN ECKENHOFF MEMORIAL FOUNDATION”**

c/o: Ben Ride  
270 Redwood Shores Pkwy  
Box 134  
Redwood City, CA 94065

**\*Please fax forms by August 26<sup>th</sup>\*  
(650) 965-3040**

FOR FURTHER INFORMATION please email [info@benride.org](mailto:info@benride.org) or visit [www.benride.org](http://www.benride.org)

*Acceptance of Personal Liability  
The Seventeenth Annual Ben Eckenhoff Memorial Bike Ride  
September 17, 2011*

*For an enjoyable day while riding, please use common sense and courtesy while you are on the road. To help insure your safety and the safety of others, we remind you:*

- 1. This is a fun ride, not a race or an endurance event. Please choose a route that matches your riding capabilities.*
- 2. It is the rider's responsibility to bring a bicycle that is in safe working condition.*
- 3. You must obey all rules governing vehicle traffic on public roads. California Vehicle Code rules will be enforced by local police and the CHP.*

*I, the undersigned, for myself, heirs, executors, administrators and assigns; and/or as the minor's parent or legal guardian:*

- 1. Acknowledge, agree and represent that I understand the nature of bicycling activities and that I am qualified, in good health, and in proper physical condition to participate in this activity. I further understand that this activity will be conducted over public roads and facilities open to the public during the activity and upon which hazards of travelling are to be expected. I further agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.*
- 2. Fully understand that bicycling activities involve risks and dangers of serious bodily injury, including permanent disability and death, caused by my own actions or inactions, the actions or inactions of others, and the condition in which the activity takes place. I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation or that of the minor in the activity.*
- 3. Waive, release and discharge all claims for damages resulting from death, personal injury or property damage that I may have, or may hereafter accrue to me as a result of my participation herein. I understand this release is intended to discharge and release the organizers of this activity and all corporate contributors from and against any and all liability arising out of or connected in any way to my participation in this activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.*

\_\_\_\_\_  
*Signature(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
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\_\_\_\_\_

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