

**PPRAC RIDER AND VOLUNTEER
REGISTRATION FORM**

Name: _____

Address: _____

City: _____ State, Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Age: _____ Male: Female:

Occupation: _____

Employer: _____

Jersey Size: M L XL XXL

YES, I would like to be a sponsor.

YES, I am interested in being a PPRAC volunteer or driver.

Please enclose your \$125 **non-refundable** and **tax-deductible** registration fee (covers registration and jersey) and mail to the address below. Please make sure checks are payable to PPRAC/Bob Freed.

Bob Freed
1015 North 30th Street
Allentown, PA 18104
(610) 434-8730

You will receive a confirmation of your registration.

RELEASE

I, the undersigned, being _____ years of age, hereby certify that I am aware of all known, foreseeable, and unforeseeable risks and dangers arising out of or in any way attendant to the Pennsylvania Perimeter Ride Against Cancer XIII and that I personally accept all consequences of my participation in said Ride.

In light of my express recognition of my sole personal liability for all risks, dangers, and consequences of said Ride. I hereby for myself, and my heirs, executors, administrators, and assigns release, acquit, and forever discharge Robert J. Freed, Jr., Paul L. Schoffstal, Tony Cerrone, Organizing Committee, and any other church serving as host congregation for said Ride from any and all liability for any and all loss or harm that may befall me or my property during my participation in said Ride.

Intending to be legally bound hereby, I set my hand hereto on the day and year written below.

I CERTIFY THAT I HAVE READ
THIS DOCUMENT IN ITS ENTIRETY
AND THAT I UNDERSTAND FULLY
IT'S MEANING AND EFFECT.

Print Name

Signature

Witness

Date

EMERGENCY INFORMATION

Name: _____

Address: _____

Phone (Day): _____ Phone (Night): _____

Daily Medications Taken: _____

Any Illnesses or Handicaps: _____

Contact in Case of an Emergency:

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone (d): _____ Phone (d): _____

Phone (n): _____ Phone (n): _____

Medical Insurance Information

Type: _____

Address: _____

Policy Number: _____ Group Number: _____

Additional Information:

WHO WE ARE, AND WHY WE ARE HERE

Riders and Volunteers:

This year, we would like to provide a profile of all riders and volunteers for our hosts to have of us before we arrive at our destinations. Previously, people have expressed interest in knowing the type of people who devote a week of their time, and tremendous amounts of energy to this cause. Along with your profile, please include a passport type photo of yourself. This will be included with your profile.

Please take a moment of your time and fill out this questionnaire.

Name: _____

Hometown: _____

Age: _____

Profession: _____

Years of having completed the ride: _____

Hobbies, interesting accomplishments, and fun facts about yourself:

Why are you participating in the ride?

PPRAC BICYCLE INSPECTION CHECKLIST

Name: _____

Bike: _____

PASS

1. Frame

- structure is sound, no cracks or stress fractures visible
 - fork
-

2. Wheels

- true, lateral and round
 - spokes: tight and in good condition
 - hubs: properly adjusted
 - rims: no visible cracks
 - axles: install properly to dropouts
 - spoke size: _____
-

3. Tires

- adequate tread
 - no cuts or bulges
-

4. Headset

- properly adjusted
 - handlebar and stem tight
-

5. Bottom Bracket

- properly adjusted
 - crank and chainwheel bolts tight
 - pedals tight
-

6. Brakes

- levers secure to handlebars
 - calipers tight, centered and function properly
 - pads: adequate and aligned
 - cables: no fraying or rust
-

7. Front and Rear Derailleurs

- function properly
- cables: no fraying or rust
- number of gears _____

Please affix shop stamp, date and mechanic signature upon completion of inspection.