



The Lake George Charitable Foundation

2010 Peak Season Century Ride Participant Registration Form

100 Mile Ride (\$100) 60 Mile Metric Century (\$100)

Register by July 1st for only \$75!!

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Email Address: _____ M/F: ___ Age: _____ DOB: _____

T-Shirt Size: S M L XL XXL (+\$5.00)

100 % cotton unisex Long Sleeve T-Shirt Included. If you do not indicate a size, you will receive a Large.

Please complete form and mail with payment to:

The Lake George Charitable Foundation

PO Box 3146

Saratoga Springs, NY 12866

MEDICAL INFORMATION

Current Medications: _____

Condition Requiring Medications: _____

Allergies (food, medications, etc.) _____

Have you experienced any of the following symptoms in the last year:

___ A Chronic Illness ___ Back Problems ___ Fainting Spells ___ High Blood Pressure

___ Bone/Joint Condition

___ Heart Murmur ___ Diabetes ___ Trouble Breathing ___ Chest Pain

___ Unusual Fatigue ___ Heart Condition (if so, please write in what type _____)

___ Asthma ___ Liver Condition ___ Unusual Pain

EMERGENCY INFORMATION:

In case of emergency, please notify: _____

Relationship: ___ spouse ___ friend ___ relative

Emergency contact phone: _____

P.O. Box 3146

Saratoga Springs, NY 12866



The Lake George Charitable Foundation

PARTICIPANT LIABILITY/RELEASE/CONSENT&INFORMATION

RELEASE:

I, _____, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in The Lake George Charitable Foundation, Inc. ("LGCF"), Event the Peak Season Century Ride at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in participating in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in the Event.

In consideration of LGCF's sponsorship of this Event and my being permitted to participate in the Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless the LGCF and their Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of the Event, and representatives, successors, and assigns (be they individuals or organizations), together with their insurers and, of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Event, whether resulting from the LGCF's negligence or otherwise (collectively, "Liabilities").

I also give permission to the LGCF to freely use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this Event (the "Personal Release"). I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, picture and voice.

Consent and Information Release ("Consent"): I hereby grant permission to the LGCF to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to the LGCF to use and disclose my personal health information ("PHI") in the ways described in this form. I allow the LGCF to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to participate in the Event or as necessary for the proper management and administration of the LGCF.

This Release and Consent will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of New York.

Date: _____ Signature of Participant:

*Must be signed also by parent/legal guardian if Participant is under age 18 on the date this is signed.

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of the Participant and I hereby, in accordance with the terms of such Release, release and hold harmless the Society (as defined above) from all Liabilities (as defined above).

Date: _____ Signature of Parent/Guardian: