

SUMMIT CHALLENGE
A Benefit Ride for the National Ability Center
Saturday, August 24, 2013
www.SummitChallenge100.org



Rider Information – Please fill out a SEPARATE registration form for EACH rider. Thank you! You may only register with offline registration forms via mail/email/fax by 8/22/2013 (postmarked). Please call, register online or register day of after 8/22/2013.

Name _____ Age _____
Address _____
City _____ State _____ Zip _____ Phone _____
Email _____
Emergency Contact _____ Relation _____
Emergency Contact Phone _____
T-SHIRT SIZE (Adult S-XXL): _____ TEAM NAME (if applicable): _____

RIDER REGISTRATION OPTIONS:

- | | |
|---|---|
| ____ 102 Mile Rider (\$80) | ____ 18 Mile Rider (\$35) |
| ____ 102 Mile Rider w/ Disability (FREE) | ____ 18 Mile Rider w/ Disability (FREE) |
| ____ 102 Mile Rider – Sponsored Team Member (\$0) | ____ 18 Mile Rider – Sponsored Team Member (\$0) |
| ____ 52 Mile Rider (\$65) | ____ Youth Under 13 (\$15) – Please indicate miles: _____ |
| ____ 52 Mile Rider w/ Disability (FREE) | ____ Youth Under 13 w/ Disability (FREE) – Please indicate miles: _____ |
| ____ 52 Mile Rider – Sponsored Team Member (\$0) | |

If registered as individual with a disability, please include your disability here: _____

Are you interested in purchasing an official Summit Challenge 100 bike jersey for \$65?

___ YES ___ NO If YES, Please include Cycle Jersey Size: (Sizes Adult S-XXL) _____

Method of Payment:

Check (Make payable to National Ability Center) # _____

Credit Card: Visa _____ MC _____ AmEx _____ Disc _____
Credit Card # _____
Exp. Date: _____ CCV: _____

Charge Amount:

Registration Totals:	\$ _____
Cycling Jersey (Optional \$65)	\$ _____
Optional Donation	\$ _____
TOTAL AMOUNT	\$ _____

Additional Fundraising - Participants are encouraged to invite donors to sponsor their rides. Riders who raise over \$150 will receive additional prizes! All proceeds benefit the National Ability Center's programs, participants and camps. To set up your fundraising page, visit <https://www.firstgiving.com/discovernac/SummitChallenge2012> and click REGISTER and then "I registered offline..." so you can create your own online fundraising page.

The National Ability Center is a non-profit, 501c3 organization. Please send completed registration and waiver forms to:
National Ability Center (Summit Challenge)
PO BOX 682799
Park City, UT 84068
OR email forms to: info@DiscoverNAC.org
OR fax forms to: 435.658.3992

**NATIONAL ABILITY CENTER INSURANCE WAIVER &
RELEASE OF LIABILITY FORM AND MEDIA RELEASE FORM**

Please note: there are two places on this sheet that require a signature

INSURANCE WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the NATIONAL ABILITY CENTER'S related events and activities, I and/ or the minor participant, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/ or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used and if I believe to the best of my ability that anything is unsafe, I and/ or the minor participant will immediately advise the NATIONAL ABILITY CENTER of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/ or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any of the equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue the NATIONAL ABILITY CENTER, its affiliated clubs, their represented administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of the premises used to conduct the event, all of which are hereafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused in whole or in part by the negligence of the release or otherwise.
5. I hereby authorize and give my full consent to National Ability Center to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending the National Ability Center/DS/USA event. I further agree that National Ability Center/DS/USA may transfer, use or cause to be used, these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

I/ WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X_____

Particpants Name	Signature	Date
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FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of the Releases, and, for myself, my heirs, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X_____

Parent's Signature & Emergency Phone	Name & Date
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