

# Ride-to-Remember - XII

Registration Form for September 7, 2024

**Important Registration Information**

**\*All registrations mailed to:**

Ride-to-Remember Inc.  
1500 Main Street  
P.O. Box 15265  
Springfield, MA 01115-5265

**\*Registration fee of \$150.00 must  
be paid at time of registration**

**\*Registration deadline is  
September 1, 2024**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**E-mail Address (required) \*PLEASE PRINT E-MAIL ADDRESS CLEARLY!**

\_\_\_\_\_  
**Phone Numbers**

\_\_\_\_\_  
**Emergency Contact**

\_\_\_\_\_  
**Emergency Contact Number**

Form of Payment

Cash \_\_\_\_\_ Check \_\_\_\_\_

\$150.00 (does not include jersey) - **NO REFUNDS**

\* Check made out to: **Ride-to-Remember Inc.**

\_\_\_\_\_  
**Read and Sign:**

In registering for the Ride-to-Remember X on September 7, 2024:

\* I agree that my level of fitness is appropriate to participate in this event. I also agree that my bicycle is in safe operating condition.

\* I agree not to wear headphones or use my mobile phone while biking in this R2R12..

\* I agree that I will wear a helmet, ride safely, signal my movements, stay to the right and pass on the left.

\* I agree to obey the rules and directions of the Ride-to-Remember Inc. and the Ride Marshals. If I fail to comply I agree to leave the protection of the R2R11 during the ride itself and forfeit participation in next years ride.

\* I understand that bicycling involves risks and can result in loss of personal property, a damaged bicycle, bodily injury or death.

\* I personally assume any and all risks associated with the participation in the R2R12, and release , absolve, indemnify and hold harmless the "Ride-to-Remember", the Board of Directors, all their volunteers and sponsors from any manner of liability, claims for damages or causes of action.

\_\_\_\_\_  
**Signature**

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

