

Clemens Cycle for Cancer



Join us for scenic cycling, lunch, refreshments, t-shirts, family fun and support.

Clemens Cycle for Cancer celebrates the inspiration and memory of those who have fought, continue to fight or have lost the courageous battle against cancer, including Richard and Nancy Clemens.

This year's proceeds remain 100% local and will support the development of a healing garden located at Miami Valley Hospital South's Comprehensive Cancer Center, coming to MVHS in 2013.

Not a cyclist but still interested in supporting the local fight against cancer? Join us for pre-event festivities. Visit mvhfoundation.org to learn more.



*Honor Your Hero.
Celebrate Your Inspiration.
Help Change Lives.*

Saturday, June 16, 2012

Fee: \$35 - early registration
\$40 - day of event

Check-in: 7 a.m. • **Send-off:** 8 a.m.

Located at:

Miami Valley Hospital South
2400 Miami Valley Dr.
Centerville, Ohio 45459

Sponsored by:



Dermatologists of Southwest Ohio
Hawk100
Boost Rewards

To register for the ride or for more information, please call
(937) 208-2700 or visit mvhfoundation.org

Clemens Cycle for Cancer Registration Form

Sat., June 16, 2012

We encourage you to collect sponsor support

Cyclist Name _____ Age (as of 6/16/12) _____

Donor Name _____

City/Zip _____

Amount _____

Mailing Address _____

City/State/Zip _____

Email Address _____ Telephone Number _____

Emergency Contact Name _____ **Emergency Phone** _____

Event Participation (Circle One): 10 / 25 / 50 _____ Donation _____ Volunteer _____

T-shirt** (\$35 and above) **Adult:** ___ S ___ M ___ L ___ XL ___ XXL **Child:** ___ S ___ M ___ L

Bike Jersey** (*included with donations totaling \$500 or more) **Adult:** ___ S ___ M ___ L ___ XL ___ XXL

Total Donations _____

Entry Fee _____

(\$35/rider)

(\$40/rider day of event)

Bike Jersey _____

(\$75 or free*) _____

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

All personal information will be held strictly confidential and private.

Total Enclosed _____

Charitable donations are tax-deductible. Please retain all records of all donations. ****Please note: shirt sizes can not be guaranteed for registrations received after May 25, 2012.**

By participating in this event, I acknowledge, understand and agree to the following terms and conditions:

- I agree to accept all responsibility and financial liability for any damages, claims, or assessments resulting directly or indirectly from my actions while participating in this event, and I agree to indemnify, not to sue, and to release and hold harmless from any liability Miami Valley Hospital and its affiliates; Clemens Cycle for Cancer, its directors and officers, its sponsors, its volunteers, other cyclists, and any of its past, present, or future beneficiary organizations (collectively, "Releases")
- In consideration of the benefits of participating in this event, I hereby freely agree to make the contractual representations and agreements herein.
- Cycling is a dangerous sport and includes the risk of personal and bodily injury. I fully realize the dangers of participating in this event, and I fully assume the risks associated with such participation including, without limitation, dangers arising from surface hazards, equipment failure, inadequate equipment, use of others' equipment, the Releasees' own negligence, the negligence of others, weather conditions, and the possibility of serious physical or mental trauma or injury.
- Should I assert a claim contrary to this contract, the claiming party shall pay all costs that Releasees incur in their defense.
- Cyclists share roadways with automobiles, trucks and other vehicles under normal, hazardous traffic conditions. Releasees do not guarantee roadway or traffic safety.
- I agree to practice safe cycling at all times while participating in this event. I will provide necessary equipment, wear appropriate clothing and wear an ANSI-approved bike helmet. I agree to follow all applicable traffic laws as defined under Title 45 of the Ohio Revised Code and to ride in safe formations as close to the right edge of the road as possible.
- Cycling is a demanding physical activity. I am physically fit to participate in the event at the level I have registered and no limitations – physical, mental or otherwise – prevent my participation at that level.
- If my image appears in any graphics, photos or video, I grant permission to use such images for publicity purposes.
- I agree, for myself and my successors, that this release is a legal and binding contract. I have read it carefully before signing, and I understand what it means and to what I am agreeing by signing.

Participant Signature: _____ Age: _____

Parent/Guardian Signature: _____

As the parent or guardian of the participant under age 18 named herein (Minor), I have read and understand this contract, consent to Minor's participation, and agree that its terms shall likewise bind me and the Minor.

Send completed registration form and payment to MVH Foundation, 31 Wyoming Street, Dayton, OH 45409; or pay online at mvhfoundation.org. For questions call (937) 208-2700. Clemens Cycle for Cancer is a rain or shine event.