



**THE PFIZER
PEOPLE'S COAST CLASSIC
REGISTRATION FORM
September 12-17, 2010**

Please print clearly.



CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Gender: Male Female

Birth Date: _____

Does your employer offer a matching gifts program?: _____ Name of Employer: _____

Jersey Size: S M L XL XXL XXXL

T-Shirt Size: S M L XL XXL XXXL

***Emergency Contact Information:** _____

Day Phone: _____ Cell Phone: _____

I have a friend who might be interested in receiving information and participating in TPPCC:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

RECRUITMENT INFORMATION

How did you hear about TPPCC?

FITNESS INFORMATION:

The Arthritis Foundation strongly encourages you to consult a physician before participating in TPPCC

How often do you exercise each week? _____

What type of exercise do you do? _____

How many miles do you run/walk/ride each week? _____

What was your longest run/walk/ride in the last month? _____

Do you participate in run/walk/ride races/events (if so please list)? _____

Have you trained for (check all that apply): RUN WALK RIDE TRIATHLON

Is this your first endurance riding event (if applicable)? YES NO

Do you have any health problems we should be aware of? YES NO

If yes, what health issues? _____

Do you have arthritis? YES NO Type? _____

List all medications you are taking: _____

Please list any past (or current) major sports injuries: _____

HONOREE INFORMATION

If you are dedicating your event to someone in your life who has arthritis, please list their information so we can send them information about our honoree recognition. If you do not have someone in mind and would like us to match you up with one of our youth honorees, please check the box below.

I would like to meet one of the Arthritis Foundation's youth honorees and dedicate my event to this person. Please match me up!

I am cycling in honor of: (name) _____

Honoree address: _____

City: _____ State: _____ Zip: _____

REGISTRATION DEPOSIT

\$100 (Early Bird – Ends March 31)

\$150 (After April 1)

Additional Donation Amount: _____

All registration fees are non-refundable and will be applied toward your fundraising minimum of \$2,500. Registration fees are tax-deductible contributions, minus \$75 for goods and services provided as part of registration.

Amount enclosed: \$ _____ Date: _____ Signature: _____

Please check one:

Cash Check Payable to the Arthritis Foundation (# _____)

Credit card (please circle one): VISA – MC – AM EX – Discover

Credit Card #: _____ Exp Date: _____

Participant Agreement

Please initial each term and sign the bottom:

_____ I understand and agree that there are inherent risks, both foreseeable and unpredictable, associated with any exercise program. I agree to assume and accept full responsibility in spite of and with full knowledge of these risks. My participation in this program is purely voluntary. I hereby fully agree and hold harmless the Arthritis Foundation, any sponsoring organization, the Foundation's respective chapters, officers, directors, employees, agents, members, or volunteers, together with their insurers, of and from any and all liability, claims, damages or causes of action for any reason, including, without limiting the generality of the following, death, bodily injury, property damage or any other loss or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in The Pfizer People's Coast Classic. I do hereby, for myself, my heirs, executors and administrators, fully waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs.

_____ I also represent and warrant that I have been advised to consult my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

_____ I hereby consent to interview, press interview, photographs, films, television, radio, and interactive media for the purpose of public and private release, showing or reproduction.

_____ I also understand that I am financially obligated to donate a fundraising minimum, as specified by the option(s) I have chosen. All donations to the Arthritis Foundation are non-refundable, non-transferable. All money raised on behalf of the Arthritis Foundation is the sole property of the Arthritis Foundation.

_____ I also understand that some rides have strict time limits which ride officials adhere to regarding traffics closures along the course, water/food stations, and safety marshals. In understand that if I fall behind the required pace for the ride, I may be picked up by ride officials. If I choose to continue the ride, I am doing so at my own risk.

Signature

Date

Please mail or fax registration form & payment to:

Pacific Northwest Chapter
Attn: TPPCC / Tai Lee
3876 Bridge Way N. #300
Seattle, WA 98103
(206) 547-2805