



SAN FRANCISCO TO LOS ANGELES
THE FIREFLIES WEST
September 23 to 28, 2016

For more information,
visit fireflieswest.com

RIDER INFORMATION

First name	Last name
Address	
Apt. #	Home Business (circle one)
City	State Zip
Phone	Cell phone
Email	Jersey size

EMERGENCY CONTACT INFORMATION

First name	Last name
Phone	Home Cell Business (circle one)
Relation	

REGISTRATION

\$500 Registration Fee \$75 Additional Jersey, Size _____ \$150 Guest Day Ride

Personal Card Corporate Card VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Enclosed is my check in the amount of \$ _____ (Please make check out to City of Hope.)

Name (as it appears on credit card)

Credit card no.

Expiration date

HOTEL PREFERENCE

Hotel room in San Francisco on Sept. 22 Single Shared Room

Room with: _____

I commit to a fundraising goal of \$3,500 to raise funds for City of Hope in the fight against leukemia.

Signature _____ Date _____

Please share with us why you are riding with the Fireflies this year:

There is no refund on the rider registration fee and this is nontax-deductible. If you need to cancel, please contact the organizers. All hotel rooms are confirmed 30 days in advance of the ride. If a rider has to pull out of the ride less than 30 days before the Event, he or she will be subject to paying all hotel fees associated with the ride totaling \$500.

I understand and accept the responsibility of the terms above.

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in Fireflies West Ride (the "Event") as a rider, volunteer, or in any other capacity, I, for myself and for my heirs, next of kin, assigns and personal representatives:

1. Represent that I am qualified, in good health and in proper physical condition to participate in the Event. If at any time during my participation in the Event I feel my physical condition no longer allows me to participate safely or I believe the Event becomes unsafe, I will immediately stop my participation.

2. Acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my participation in the Event. The risks include, but are not limited to, weather, equipment, actions of other people including but not limited to event officials, other participants and volunteers, spectators, sponsors, event monitors, producers, organizers, police and municipal workers and operators of motor vehicles in or around the area in which the Event will take place. Being aware of these risks and dangers, I have voluntarily elected to participate in the Event and I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT.

3. I HEREBY AGREE NOT TO SUE AND TO RELEASE, DISCHARGE, WAIVE AND INDEMNIFY, DEFEND AND HOLD HARMLESS CITY OF HOPE, CITY OF HOPE'S AFFILIATES, Fireflies West, Fireflies West's affiliates and each their respective officers, directors, employees, volunteers, sponsors, advertisers, participants, agents and representatives, organizers, volunteers, officials, medical workers, producers, lessors and organizers and any involved municipalities or other public entities and each of the directors, officers, employees, agents, representatives, successors, heirs and assigns of any of the above individuals and entities (collectively and individually "Releasees") FROM AND AGAINST ALL LIABILITIES, CLAIMS, DEMANDS, LOSSES, DAMAGES, SUITS AND PROCEEDINGS, REGARDLESS OF THE CAUSE, INCLUDING THE NEGLIGENCE OR CARELESSNESS OF ANY RELEASEE, ARISING OR RESULTING FROM MY PARTICIPATION IN THE EVENT.

I have read this agreement and understand that I have given up substantial rights by agreeing to it. I have signed this agreement freely and voluntarily without any inducement or assurances of any nature. I agree that if any portion of this agreement is held to be invalid, the balance shall continue to be in full force and effect.

USE OF PHOTO, VIDEO OR FILM LIKENESS

In consideration of being permitted to participate in the Event, I irrevocably grant to City of Hope the right and permission to use my recorded voice, image and likeness in any medium including, without limitation, video, photograph, film and tape, for any lawful purpose.

Signature

Date

FUNDRAISING COMMITMENT FORM

City of Hope, 1500 Duarte Road, Duarte, CA 91010

Per the Agreement and Release of Liability form you signed upon registration, you have committed to a minimum fundraising requirement for the 2016 Fireflies West Tour.

We require a MasterCard, Visa, Discover or American Express card on file to guarantee your fundraising requirement and to secure your place on the Fireflies West Ride. This information will remain confidential and you will have until 30 days after the ride, October 28, 2016, to meet your fundraising commitment. If you have not met the minimum fundraising requirement of \$3,500 by October 28, 2016, we will charge any balance that remains to the credit card on file.

This Commitment Form is to secure that all travel and other program costs are accounted for and to ensure we keep our program costs low to maximize the funds raised for City of Hope's research and treatment.

If you do not sign and return this form by **July 22, 2016**, you may not participate in the 2016 Fireflies West Tour.

THIS FORM MUST BE SIGNED AND RETURNED BY: JULY 22, 2016

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Check the Box: **YES! I am committed to raising \$3,500 and if I don't meet the \$3,500 minimum I authorize the below credit card to be charged for the outstanding fundraising balance.**

Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ 3 or 4 digit Security Code: _____

Name as appears on card: _____

Cardholder's Signature: _____ Date: _____

Please send COMMITMENT FORM via email to acourtney@coh.org

via mail: Attn: Fireflies
1500 Duarte Road
Duarte, CA 91010