

# ABSOLUTE BIKES TAYLOR HOUSE BENEFIT CENTURY RIDE

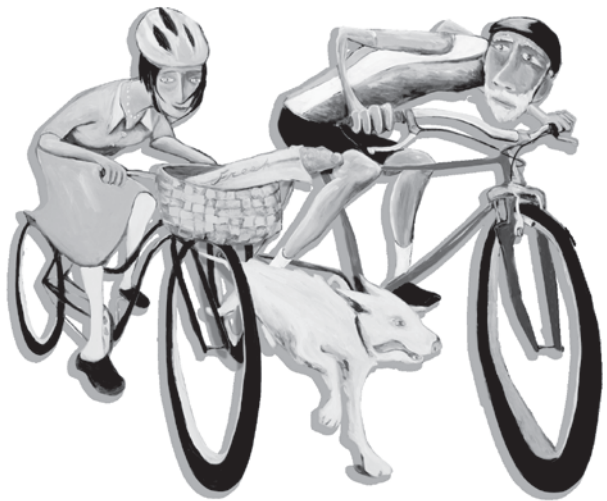
July 24, 2010

in **Flagstaff, AZ**

Elevation 7,000 feet

Mass start at **7 a.m.**

from Flagstaff Medical Center,  
1200 N. Beaver,  
West campus parking lot



Select a 45, 65 or 95-mile loop  
through the cool pines and red rock  
desert of Northern Arizona.



**Benefiting the Cancer Center at Flagstaff Medical Center & the Taylor House**

To sign up online, go to: <http://absolutebikes.net/taylor/>

online registration powered by Active.com

## Donation Levels:

**\$55.00** Minimum contribution. First 350 registrants will receive a commemorative T-shirt and water bottle.

**\$150.00** Contributors at this level buy 3 nights at The Taylor House for cancer patients and their families. This level will receive a commemorative T-shirt, water bottle and a \$35 Gift Certificate for Absolute Bikes.

**\$500.00** Contributors at this level buy 10 nights at The Taylor House for cancer patients and their families. This level will receive a commemorative T-shirt, water bottle and a \$50 Gift Certificate for Absolute Bikes.

**\$750.00** Contributors at this level buy 15 nights at The Taylor House for cancer patients and their families. This level will receive a commemorative T-shirt, water bottle and a \$75 Gift Certificate for Absolute Bikes.

## Presented by



To register, call  
**928.779.5969**

Contact Anthony Quintile at  
ABSOLUTE BIKES for complete  
details.



Flagstaff  
Medical Center

Northern Arizona Healthcare

# Mail-in Registration

## choose:

- I choose to volunteer, not ride.  
(Please include phone number so we can contact you about how you can help.) Contact Bridget at The Taylor House at 226-0300.
- \$55 registration fee
- \$150 donation
- \$500 donation
- \$750 donation
- Other donation  
\$ \_\_\_\_\_

## info:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
In case of emergency contact: \_\_\_\_\_  
\_\_\_\_\_  
Any medical conditions: \_\_\_\_\_

**I plan to participate in the:**

- Century Ride (95 miles)
- Painted Desert Ride (65 miles)
- Sunset Crater Ride (45 miles)

**Please submit my donation by:**

- Check or Money Order  
(make payable to Flagstaff Medical Center Foundation)
- Cash (day of only – Please DO NOT SEND CASH!)
- Credit Card  
CC # \_\_\_\_\_  
Exp Date \_\_\_\_\_

## extras:

- Vegetarian Meal  
A BBQ will be provided at the end of the ride.
- Entry must be mailed by July 13, 2010 to guarantee a T-shirt. Please do not mail after July 13, 2010. First 350 registrants will get a T-shirt and water bottle.
- Day of registration and check-in at Flagstaff Medical Center, West campus parking lot starts at 6 a.m., Saturday morning.**
- .....
- Mail your registration and signed waivers to:  
**Absolute Bikes  
202 East Route 66  
Flagstaff, AZ 86001**

## RELEASE AND WAIVER

I, \_\_\_\_\_ acknowledge that by signing this document, I am releasing Flagstaff Medical Center, Inc., Northern Arizona Healthcare Corporation and any of its employees, Absolute Bikes and any property owners along the ride course (collectively "Releasees") from liability. In consideration of the acceptance of my application for entry in this event, I hereby agree to assume any risks associated with this bicycle ride. Those risks may include, but are not limited to, the danger of collusion with pedestrians, vehicles, other riders, moving objects, dangers from riders, equipment failure, inadequate safety equipment, weather conditions, inadequate instructions and/or information, lack of security and serious physical or mental trauma that may be involved with a bicycling event. It is understood these risks may include serious physical injury or death. This document will result in a surrender of any claim I might have arising from the Releasees' own negligence. I agree that it is my responsibility to be familiar with the ride course, the Releasees' rules, and to wear an approved helmet. Additionally, I will permit the free use of my name and/or photograph in any media transmission, including but not limited to radio broadcast, television, and newspaper, by any of the Releasees. I further agree to release and shall defend, indemnify and hold harmless the Releasees from any claim that I may allege against the Releasees (including reasonable attorneys' fees) in the course of my participation in this matter, whether caused by the negligence of the Releasees or others.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

## RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of \_\_\_\_\_. My child is physically prepared for the ride, and I hereby agree to my child's participation. I HAVE READ AND UNDERSTOOD THE ENTRY FORM, WAIVER AND RELEASE AGREEMENT. In consideration for the allowance of my child to participate, I consent to its terms and hereby agree that it will likewise bind me, my child and legal representatives and heirs. I hereby release and shall defend, indemnify and hold harmless the Releasees from any claim, lawsuit and liability that either I or my child may allege against the Releasees including the reasonable attorneys' fees or costs as a direct result of injury to my child (or me) because of my child's participation in the event, whether caused by the negligence of the Releasees or others. I agree to not sue the Releasees on my behalf or on behalf of my child regarding any claim arising from my child's participation in the ride.

Signed \_\_\_\_\_ Dated \_\_\_\_\_