



Mother's Day Bike-a-thon

May 9, 2010

Welcome!

We are very excited to offer this first year event at Pocono Raceway. Due to the short lead time to the event we have tried to make the process as simple as possible. Raise funds for any one or all charities listed. Each of your sponsors checks should be made payable directly to one of the specific charities. If a sponsor wants to donate to more than one charity a separate check must be written to each. Individuals are asked to raise a minimum sum of \$150 in total donations made payable to any of the listed charities. If registered as a family, the family is to raise a minimum of \$250 in donations. If a youth is registered as part of a family and is attempting to win the Cannondale bicycle with the most funds raised, they must submit their own pledge packet separate from the family. That family will need to submit \$100 minimum of their own sponsor donations. Please be sure to neatly record all required information for each of your sponsors on the appropriate charity page as this is how your individual sponsors will receive acknowledgment for their donations to the not-for-profit charities. On the morning of the bikeathon, you will need to present your entire sponsor packet, properly filled out, with the corresponding donation checks separated by charity and a completed and signed release form for each participant. If for some reason you are unable to attend the bike-a-thon, please mail your fund raising efforts to Bike Pocono, RR 4 Box 403, West Pittston, Pa. 18643. However, you must be present on the day of the event to be considered for prizes.

It is Mother's Day! We understand. This was the only weekend day that the popular Pocono Raceway was not booked! We are making the best of it by offering a catered brunch to anyone interested at \$17.50 for adults, half price for 10 and under and free for 3 and under. You may also pack your own picnic if you wish and there will be other concessions available too. Professional ARCA Series driver, Nick Igdalsky will make an appearance with the Pocono Chevy Pace Car and all day there will be Bike racing on the East road course for your entertainment.

Kids 14 and under can participate in the Jack Williams Tire Youth Series, part of the NEPA Pro-Am Cycling Point Series, a summer long, 5 event series. Starting at Pocono Raceway(5/9), South Abington/Clarks Summit (5/29), Nanticoke (7/3), Scranton(7/24) and the final event at the Blue Cross or Northeastern Pa. Criterium State Championships (9/4)! Go to www.NEPAcyclnig.com for details.

While we are posting an official start and finish time we will do our best to accommodate late arrival and early departure. We hope you enjoy the day, make new friends while contributing to some very worthy causes.

At the end of the event report to the Certificate Table with your miles ridden and total funds raised for a commemorative event certificate acknowledging your efforts at Pocono!

Directions: Take Interstate Rt. 80 to Rt. 115 South to race track. Left on Long Pond Road to Tunnel Entrance and Registration.

GPS NavigationalAddress Long Pond Road Blakeslee, PA 18610or 41.051478, -75.528766

Start Time: Registration opens at 6:30 am. Opening ceremonies and start begin at 8 am and runs until 2 pm. Closing ceremonies and the Elite Pro-Am Bike Race Finale from 2:00 to 3:30!

ANSI or SNELL approved helmet and a safe bike with functional brakes are required.

Looking forward to a great day.

See you there!



Bike-a-thon Pledge Form 2010

May 9, 2010

Participant _____

BIB # _____

I am participating in the Pocono Raceway Mothers Day Bike-a-thon. I have 6 hours to ride as far as I can. I believe I can complete _____ miles and have pledged to raise \$ _____. I kindly ask that you sponsor me as I try to exceed my goal. When you sponsor me, you may choose from any one of these three charities. Your charity will receive 100% from your pledge. Your check is written directly to the charity and you will receive a letter of acknowledgement directly from that non-profit foundation.



GREATER PENNSYLVANIA & SOUTHERN WEST VIRGINIA CHAPTER

About:The Make-A-Wish Foundation® of Greater Pennsylvania and Southern West Virginia is a non-profit organization, which grants wishes to children with life-threatening medical conditions to enrich the human experience with hope, strength and joy. It was founded in 1983 and serves 57 counties in western, central and northeastern Pennsylvania and 23 counties in southern West Virginia with headquarters in Pittsburgh and regional offices in Erie, Punxsutawney, Pottsville, Scranton and York, Pa., and Charleston, W.Va. In fiscal year 2009, the Foundation fulfilled 705 wishes with the help of more than 900 volunteers. The Scranton Regional Office opened in 1985. It oversees wish fulfillment and fund raising activities in Bradford, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming counties. In fiscal year 2009, the Regional Office fulfilled 59 wishes. 85.1% of all donations fund wish granting activity. Currently, the Foundation is one of the most active chapters in the country, having fulfilled more than 11,000 wishes, and has earned three consecutive 4-star evaluations from Charity Navigator. For more information on how to refer children or to volunteer, please call the Make-A-Wish Foundation at 1-800-480-9474 or visit its Web site at www.wishgreaterpa.org.



About: Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982 that promise became Susan G. Komen for the Cure® and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality of care for all and energize sciences to find the cures. Thank to events like the Komen Race for the Cure, we have invested nearly \$1 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Susan G. Komen for the Cure, breast health or breast cancer visit www.komen.org or call 1-877-GO-KOMEN.



Shriners Hospitals
for Children™

About: Shriners Hospitals for Children® is a health care system of 22 hospitals dedicated to improving the lives of children by providing specialty pediatric care, innovative research and outstanding teaching programs. Children up to the age of 18 with orthopedic conditions, burns, spinal cord injuries and cleft lip and palate are eligible for admission and receive all care in a family-centered environment with no financial obligation to patients or families.

DISCLAIMER:

These charities advise you that a copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.



Bike-a-thon Pledge Form 2010

May 9, 2010

Participant _____

BIB # _____

This page for **MAKE-A-WISH**

Checks Payable to: **Make-A-Wish Foundation**

Pledge

Contact Info

Name _____ **Phone** _____

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Bike-a-thon Pledge Form 2010

May 9, 2010

Participant _____

BIB # _____



This page for

Checks Payable to: **Susan G. Komen Foundation**

Pledge **Contact Info**

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Bike-a-thon Pledge Form 2010

May 9, 2010

Participant _____

BIB # _____



Shriners Hospitals
for Children™

This page for

Checks Payable to: **Shriners Hospitals for Children**

Pledge Contact Info

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Name _____ **Phone** _____

\$ _____ **Address** _____

Email _____ **Signature** _____

2010 USA Cycling Competitive and Non-Competitive Event Release Form

The following event release form has been approved by USA Cycling, Inc. If reproduced, it must be in a minimum of 10 point type and retain the exact same formatting.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE _____

EVENT NAME _____

EVENT DATE(S) _____

RACE(S)/ACTIVITY(IES) ENTERED _____

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2010) _____

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE ORGANIZER OF THIS EVENT AND USA CYCLING, INC. (USAC), ITS ASSOCIATIONS (THE UNITED STATES CYCLING FEDERATION (USCF), NATIONAL OFF ROAD BICYCLE ASSOCIATION (NORBA), NATIONAL COLLEGIATE CYCLING ASSOCIATION (NCCA), U.S. PROFESSIONAL RACING ASSOCIATION (USPRO), AND BMX ASSOCIATION (BMXA)), AND USA CYCLING DEVELOPMENT FOUNDATION (USACDF), AND THEIR RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, SPONSORS, PROMOTERS AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL RACES AND ACTIVITIES ENTERED AT THE EVENT, REGARDLESS WHETHER OR NOT LISTED ABOVE. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

In consideration of the issuance of a license to me by one or more Releasees or the acceptance of my application for entry in

the above event, I hereby freely agree to and make the following contractual representations and agreements. **I ACKNOWLEDGE THAT CYCLING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THIS EVENT,** whether as a rider, official, coach, mechanic, volunteer, or otherwise, and **FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING,** by way of example, and not limitation: dangers associated with man made and natural jumps; the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment or materials provided by the event organizer and others, **THE RELEASEES' OWN NEGLIGENCE,** the negligence of others and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with the event. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE** the Releasees and all sponsors, organizers and promoting organizations, property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the event will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW,** which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event, or travel to or return from the event. I agree it is my sole responsibility to be familiar with the event course and agenda, the Releasees' rules, and any special regulations for the event and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the event which may be beyond the control of the Releasees, and I must continually ride and otherwise participate so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment, any equipment provided for my use, and my conduct in connection with this event. I will wear a helmet which satisfies the requirements of the Releasees' Racing Rules or Regulations and that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet. I have no physical or medical condition which would endanger myself or others if I participate in this event, or would interfere with my ability to safely participate in this event. I understand that drug testing may be conducted for athletes registered for this event and that the use of blood boosting or

substances prohibited by Releasees' rules would make me subject to penalties including, but not limited to, disqualification and suspension. I agree to be subject to drug testing if selected, and its penalties if I fail to comply with the testing or am found positive for the use of a banned substance.

I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

Signature of Entrant

AGE

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of _____ (Child). My Child is fit for the event, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** and our heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation in the event, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the event.

Signature of Parent or Guardian