



# TEAM BICYCLE ANGELS REGISTRATION FORM

Bicycle Angels, Inc., 4001 Inglewood Ave., Suite 101-292, Redondo Beach, CA 90278

Phone: (310) 219-1955

Fax: (310) 219-1934

www.bicycleangels.com

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

Sex:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Cycling Experience:
- Highly experienced (have completed several organized endurance bike rides)
  - Moderately experienced (have completed one or two organized endurance bike rides)
  - Light experienced (have not completed an organized endurance bike ride)

- I give my consent to Bicycle Angels, Inc. to include me in emails from Bicycle Angels personnel.
- I give my consent to Bicycle Angels, Inc. to include my email address in a distribution list for team related events and activities.
- Bicycle Angels, Inc. has given me permission to join Team Bicycle Angels. I agree to follow all Bicycle Angels, Inc. riding and Team rules, as well as follow basic cycling safety and etiquette rules. Information regarding these rules are available from Bicycle Angels, Inc. I understand that if I violate these rules, that upon decision of Team Bicycle Angels staff, Bicycle Angels, Inc. may revoke my permission to belong to and participate in Team Bicycle Angels.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)



# PARTICIPANT LIABILITY RELEASE / CONSENT AND INFORMATION RELEASE

I, \_\_\_\_\_, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in Bicycle Angels, Inc. ("BICYCLE ANGELS") Team Bicycle Angels program (the "Program") and all of its activities including, but not limited to, training for and participating in one or more cycling events at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for and participating in cycling and related program activities and certify that I am physically fit, have not been otherwise informed by any physician, and/or know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in endurance cycling or related program activities..

In consideration of BICYCLE ANGELS' permitting me to participate in BICYCLE ANGELS program activities and cycling events, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless BICYCLE ANGELS and its chapters, their Officers, Trustees, agents, employees, volunteers, any medical providers working on behalf of the Program, and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors, of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in BICYCLE ANGELS activities, whether resulting from BICYCLE ANGELS negligence or otherwise (collectively, "Liabilities"). This release is good for a period of one year from the date of my signature below.

I also give permission to BICYCLE ANGELS to freely use my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of the program (the "Personal Release"). I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, picture and voice.

Consent and Information Release ("Consent"): I hereby grant permission to BICYCLE ANGELS to render preventive or first-aid assistance or seek treatment or medical care that seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to BICYCLE ANGELS to use and disclose my personal health information ("PHI") in the ways described in this form. I allow BICYCLE ANGELS to use my PHI as necessary for purposes related to my treatment. I also allow BICYCLE ANGELS to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run program activities as necessary for the proper management and administration of BICYCLE ANGELS. This consent is good for a period of one year from the date of my signature below.

**This Release and Consent will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of California.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\*Must be signed also by parent or legal guardian if the Participant is under age 18 on the date this Release and Personal Release is signed.

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of myself and the Participant, I agree to the terms of this Release, including the Consent, on behalf of the Participant and I hereby, in accordance with the terms of such Release, release and hold harmless BICYCLE ANGELS (as defined above) from all Liabilities (as defined above).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Authorization for Release of Information to Bicycle Angels, Inc.**

Participant name: \_\_\_\_\_

By signing below, I allow physicians, hospitals, ambulance companies, or any other health care provider ("Providers") to give out any and all medical information concerning the Participant. The Providers can give the information to coaches, staff, and volunteers working for or with Bicycle Angels, Inc. ("BICYCLE ANGELS"). This information includes oral or written medical information that relates to or affects participation in activities, programs or events affiliated with or sponsored by BICYCLE ANGELS ("BICYCLE ANGELS Programs"). This information will be used in connection with BICYCLE ANGELS Programs.

This information may include, but is not limited to, all information within a Provider's knowledge. It includes information found in any records under his or her control or supervision concerning the Participant's physical condition, illness, and/or injuries.

This information may be used or given out by BICYCLE ANGELS as necessary to run the programs. This includes, but is not limited to, uses and disclosures to the Participant's friends or family, coaches, BICYCLE ANGELS's insurers, or other persons or entities involved in the BICYCLE ANGELS Programs.

This form expires one year after the last date the Participant is involved in any BICYCLE ANGELS Program.

I understand that I do not have to sign this form. My choice about whether to sign this form will not change the way health care providers treat the Participant. I know that I can see or copy any paper records that have been given out. I also understand that if information is given to BICYCLE ANGELS as allowed in this form, it may no longer be protected by federal privacy laws and may be subject to further disclosure.

This form can be revoked at any time in writing. Written revocations should be signed and given to:

**Bicycle Angels, Inc.  
4001 Inglewood Ave., Suite 101-292  
Redondo Beach, CA 90278**

A revocation letter will not affect any actions taken before Bicycle Angels received the letter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Must be signed also by parent of legal guardian if the Participant is under age 18 on the date this form is signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Explanation of authority if someone else signs this form:

\_\_\_\_\_



**PARTICIPANT MEDICAL, FITNESS AND EMERGENCY INFORMATION**  
Please complete this form completely and return to Bicycle Angels before your first day of training

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

**MEDICAL INFORMATION**

Medical Insurance Company \_\_\_\_\_ Insurance ID# \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Condition Requiring Medications \_\_\_\_\_  
Allergies (food, medications, etc.) \_\_\_\_\_

**Have you experienced any of the following symptoms/medical conditions in the last year?**

Back Problems                       Unusual Fatigue                       Heart Murmur                       Diabetes  
 Trouble Breathing                       Liver Condition                       Chest Pain                       Fainting Spells  
 Asthma                       Heart Condition  
 Any other chronic illness not listed above

If you have checked any of the above please provide any details that will be helpful in case of an emergency:

Do you have any conditions that might affect your health and safety while training for your endurance event?

Is there anything else, not listed above, that you would like us to know about?

If you have experienced any of the above symptoms, or have a condition that may affect your health, Team Bicycle Angels will require a note from a physician giving medical permission to participate in any Team Bicycle Angels program.

**FITNESS INFORMATION**

Age Range: ( ) 18-25 ( ) 26-35 ( ) 36-45 ( ) 46-50 ( ) 51-60 ( ) Over 60                      Date of Birth: \_\_\_\_\_  
I currently engage in athletic/sports/fitness activities:  
 Daily    5-6 Days/week    3-4 Days/week    1-2Days/week    Almost Never

List any previous or current athletic injuries:

I have completed (state number completed): \_\_\_ Marathon(s) \_\_\_ Half-Marathon(s) \_\_\_ 10K(s) \_\_\_ 5K(s) \_\_\_ Century Ride(s) \_\_\_ Triathlon(s)

Please describe other races/tours/competitions completed:

Are you a member of a local gym? Y or N    If so, which one(s)? \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**I am also aware that I must sign the Bicycle Angel's Liability Release form.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_