



2014 Subaru Elephant Rock - Team Transplant Registration

Convenient online registration is at: teamtransplant2014.kintera.org (This automatically creates your own personal fundraising webpage!)

Name: _____
 Address: _____
 City/State/Zip: _____
 Home Phone: _____ Work/Cell: _____
 Email: _____

- Please print clearly
- One rider per form
- Team Registration **due May 13**
- Waiver on 2nd page—required

Date of Birth: _____ Sex: M F T-Shirt Size: S M L XL

I am a: Supporter Recipient Living Donor Donor Family Member

Course: 100-mile road 62-mile road 32-mile road 27-mile fat tire 8-mile family ride

If you have already registered and paid for Elephant Rock but would like to join Team Transplant, please check here:

- Elephant Rock Registration Fees**
 \$60 – Adult, 100 & 62 mile courses
 \$45 – Adult, 32, 27
 \$25 – Adult, 8 mile Family Course
 \$25 – Child (14 & under), 34, 27, 8 mi. courses
 None – Already registered through ERock

- Team Transplant Registration Fee**
 \$100 – **Required**, to be donated or raised
 (Children 12 & under exempt)

Payment: Please check each item for which you are paying now:

Quantity	Items	Amount
<input type="checkbox"/>	Adult, 100 & 62 mile Courses, \$60	
<input type="checkbox"/>	Adult, 32, 27 mile Courses, \$45	
<input type="checkbox"/>	Adult, 8 mile Family Course, \$25	
<input type="checkbox"/>	Child (14 & under), 32, 27 & 8 mi. Courses, \$25	
<input type="checkbox"/>	Team Transplant Registration, \$100 (minimum) (Pay now or pledge to raise \$100 on page 2) Children 12 and under exempt	
<input type="checkbox"/>	Adult Team Transplant Cycling Jersey(s), \$75 (A portion of which is tax-deductible) ___ XS ___ S ___ M ___ L ___ XL ___ XXL (Pay now or pledge to raise \$250 for a free jersey on page 2)	
TOTAL AMOUNT ENCLOSED		

Payment Options:

Check: (Make payable to American Transplant Foundation) Check # _____

Credit Card: Visa Master Card American Express Discover

Name as it appears on your card: _____

Credit Card #: _____ Expiration Date: _____

Billing Address (if different from above) _____

Cardholder's Signature: _____

Signed waiver on page 2 required. Team Registration must be received by May 13th!

Turn to page 2 →

Fundraising Pledges (Optional)

You can earn the following benefits by pledging to raise money for Team Transplant! All riders who reach these fundraising levels will receive the benefits, but by pledging now you will demonstrate your commitment and will receive applicable benefits right away. Please note: You must provide a credit card number in order to make a pledge. Money raised for Team Transplant must be received by the American Transplant Foundation by Sunday, June 1, 2014.

Any outstanding balance on your pledge will be charged to your credit card on Monday, June 2, 2014.

I pledge to raise (Check the box next to the amounts below and submit your credit card information):

Minimum	Benefits
<input type="checkbox"/> \$100	- Team membership Smoothies & milkshakes, chiropractic & massages after the event, goodie bag, entry in team raffle, and more
<input type="checkbox"/> \$250	- 2014 Team Transplant cycling jersey (Please mark your size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL)
<input type="checkbox"/> \$300	- 2014 Team Transplant cycling socks (Please mark your size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL)
<input type="checkbox"/> \$400	- 2014 Team Transplant arm warmers (Please mark your size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL)
<input type="checkbox"/> \$1,000	- Exclusive "Team Transplant Champion" jersey and opportunity to win other prizes

I understand that any outstanding balance on my pledge will be charged to my credit card on Monday, June 2, 2014.

Name as it appears on your card: _____

Credit Card #: _____ Expiration Date: _____

Billing Address (if different from page 1) _____

Cardholder's Signature: _____

To participate in the Subaru Elephant Rock, the following must be read and signed in ink.

Safe & Considerate Riding Agreement:

Riding safely and considerately is vital to the safety and enjoyment for all riders. The future of cycling events in Colorado depends on your cooperation in following safe cycling practices. I agree to the following:

- Wear a helmet at all times while riding.
- Always carry personal identification.
- Obey all traffic regulations, signs and lights.
- Ride as far to the right side of the road as practical.
- Ride single file except to pass when possible.

Release and Waiver Statement:

In consideration of the acceptance of my entry, I, the undersigned participant, for myself, my family members, heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge and hold harmless Rocky Mountain Events Inc., EMG, Douglas County, the Town of Castle Rock, any sponsors, owners and operators of motor vehicles and officers, directors, employees, volunteers and lessors of any of the foregoing persons or entities from any and all liability, whether resulting from negligence of any aspect of the Elephant Rock Cycling Festival, whether a pre-ride, post-ride activity or the ride itself. I also expressly covenant with the aforementioned persons and entities not to sue any such persons and entities for any such activity, including the negligence of any such persons or entities. I certify and represent by my application for entry that my physical condition is adequate to participate safely in the Elephant Rock and I hereby acknowledge that the above persons and entities have no obligation to provide medical care and have not undertaken the responsibility to do so. In the event that I receive medical care as a result of a medical emergency, I hereby consent to such care and fully release the person(s) providing such care from any and all liability, whether resulting from negligence or otherwise. I authorize and consent to persons employed or contracted or Rocky Mountain Events Inc., whether by videotape, film, newsprint, written advertisement, or otherwise, of any materials containing my name or picture and I release any sponsors and all persons acting under authority from any claims I might have due to initial or subsequent publication of any such materials or photographs. I hereby certify that I have fully read and understand the foregoing release, waiver and covenant not to sue, and sign it voluntarily. I also agree to abide by all traffic laws and to wear a helmet at all times during the ride.

Signature: _____ Date: _____
(Parent or guardian if under 18)

**Send payment and form to:
American Transplant Foundation
600 17th Street, Suite 2515 South | Denver, CO 80202
Phone: 303-757-0959 Fax: 303-757-2990**