

## First Annual HOPE BIKE-A-THON 2017 Sunday, October 29th

Rider's  
Name \_\_\_\_\_

Number of Miles  
Completed: \_\_\_\_\_

Dear Potential Sponsor,

I am participating in the **HOPE BIKE-A-THON**. All proceeds will help fund **all current and future programming, along with some market materials used on a weekly basis**. You can sponsor me for a dollar amount per mile and up to a maximum contribution limit. After the bike-a-thon, I will return to tell you how many miles I biked and \*collect your contribution no later than November 5, 2017\*. You also have the option of paying directly into HOPE's Eventbrite. If paying by check, please make check out to to **HOPE BIKE-A-THON**. All contributions are tax-deductible.

I plan to bike at least \_\_\_\_\_ laps for **HOPE BIKE-A-THON**.

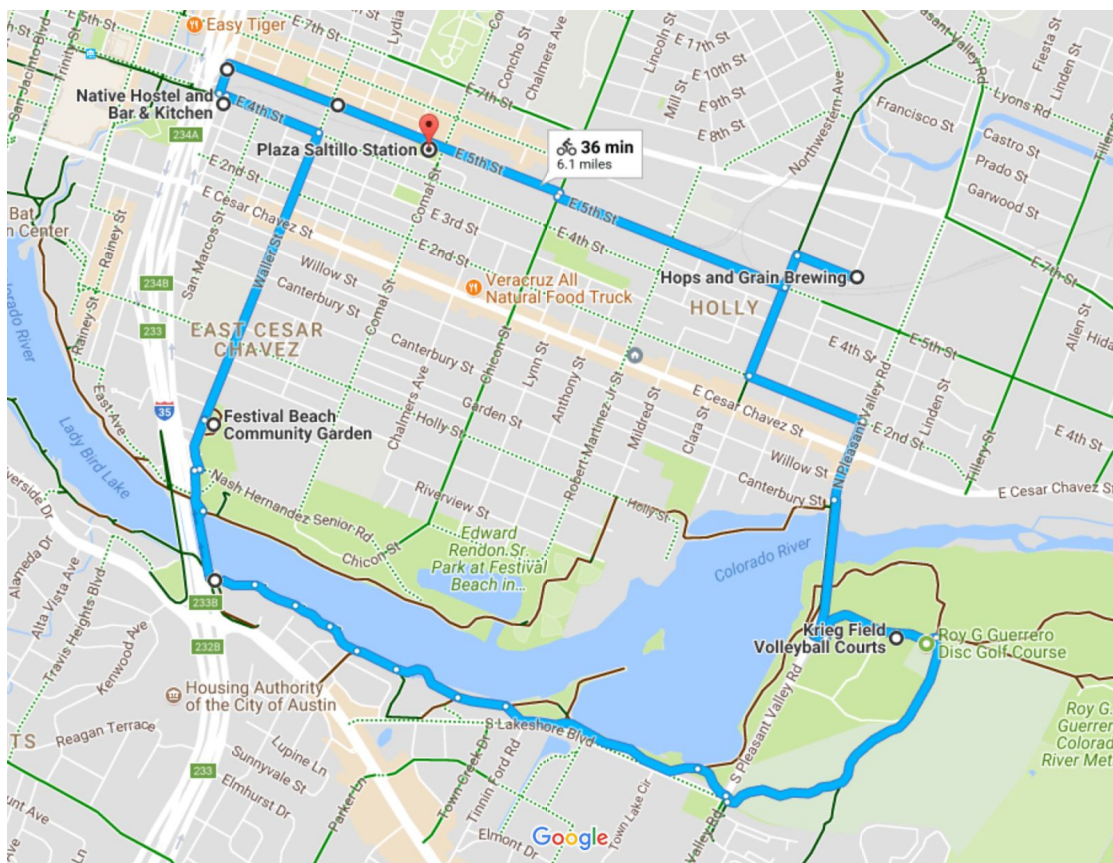
	Name of Sponsor	Pledge per Mi (Example: \$1.00)	Maximum Pledge	Amount Collected from Sponsor	Business Matching Pledge Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

## Participants:

To reach our goal, we hope that each participant finds 10 sponsors. Please bring this form to Plaza Saltillo (5<sup>th</sup> and Comal) on the bike-a-thon day, **Sunday, October 29, 2017** (if you chose to ride the suggested ~6mi route below).

Our annual Bike- A-Thon is a fun community activity for all ages, with each participant reaching for their personal best distance. Each participant will set realistic mile goals based on their own desires. Drinks will be provided at each breakstation along the bike route.

Our goal is to help the fundraising committee raise at least **\$4,000** to fund **all current and future programming for HOPE, along with some market materials used on a weekly basis.** We hope that each family will participate in the bike-a-thon to the best of its ability. We're hoping to make this bike-a-thon the great way for the community to connect and engage with those who love biking as well as spread the word out about HOPE FM. Thank you for all the contributions you



## Rules

1. Participants may start collecting pledges as soon as they receive the pledge sheets.

**Reminder: Pledges and sheets need to be turned in by Sunday, Nov. 5th.**

2. Participants must fill-out the Bike-A-Thon liability waiver before being able to participate at the HOPE Bike-A-Thon. This waiver is the last page in this packet.

3. Pledges may be made by anyone. However, participants may not ask for pledges from any of the staff members of **HOPE BIKE-A-THON**. **Please ask everyone who pledges if their company has a matching gift fund policy.** Companies who do match pledge gifts are listed on the back of the pledge sheet.

4. **Each sponsor making a pledge should write their own name, pledge per lap, and maximum pledge.** Participants may collect the pledge in advance but must keep pledges until all are collected.

5. On bike-a-thon day, each participant must bring a registration fee of \$10.00 (unless registered via EventBrite), this includes goodies from each pitstop/water station, and a HOPE Farmers Market poster!

6. Upon completion of the bike-a-thon, participants will hand in their sheet. A volunteer will record each participant's miles on their pledge sheet and return it. **Please return pledge sheets with the funds raised to us at Market or by donating on the Eventbrite link no later than Sunday, November 5.**

7. The course is approximately 6 miles but each participant is allowed to determine the amount of miles they want to ride. Feel free to ride at a time and on a route convenient to you and record your miles, if you can not join us Oct. 29th.

We look forward to all our participants having a great time! For questions or concerns, or to volunteer, email [Valerie@hopefarmersmarket.org](mailto:Valerie@hopefarmersmarket.org)

## Bike-A-Thon : October 29, 2017

### ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: HOPE Farmers Market and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that HOPE Farmers Market and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Name  
(Please print legibly.)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(If under 18 years old, Parent or Guardian must also sign.)

\_\_\_\_\_  
Date