



# Free Arts NYC

## Join Team Free Arts!!!

5 Boro Bike Tour Application

Please note: ALL applications must be completed and received by **March 20th, 2010**.

Send completed applications to:

Free Arts NYC

Attn: Ashley Middleton

1431 Broadway, 7<sup>th</sup> Floor

New York, NY 10018

Phone: 212-974-9092

Fax: 917.289.3975

E-Mail: [biketour@freeartsnyc.org](mailto:biketour@freeartsnyc.org)

(Please Print Clearly)

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

**Birth date** (ex. 01/01/1900): \_\_\_\_\_ **Gender:** M \_\_\_ F \_\_\_

**Home Address:** \_\_\_\_\_

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

**Home Phone:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_-

**Employer:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

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

**Work Phone:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_-

**Preferred E-mail:** \_\_\_\_\_

**I would like to receive mail at:** Home \_\_\_ Work \_\_\_

**Does your company have an employee matching gifts program?** Yes \_\_\_ No \_\_\_

### Fundraising Experience:

**Have you ever participated in a bike tour/half marathon/marathon charity program before?** Yes \_\_\_ No \_\_\_

**If so, for which charity and how much money did you raise?**

**Name:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**What will your fundraising goal be for Team Free Arts? (min. \$500)** \$ \_\_\_\_\_

**What are your ideas for raising these funds?**

---

---

---

---

**Please answer the following questions so we can get to know you a little better:**

**How did you learn about Free Arts NYC and/or *Team Free Arts*?**

---

---

---

**What other community organizations are you involved with?**

---

---

---

**What has been your experience fundraising for these organizations in the past?**

---

---

---

**Additional Information:**

**What is your t-shirt size?** (Circle one) **XS S M L XL**

**Allergies to Medications:** \_\_\_\_\_

**Emergency Contact:** (The following **MUST** be contacted in case of an emergency)

**Name:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Alternate #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_

*(Applicants - please sign and date below)*

**Print Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Free Arts NYC thanks you for your support!!!**



***Team Free Arts***  
2010 5 Borough Bike Tour  
Sunday, May 2nd, 2010  
Terms and Conditions

**BIKERS**

*(This form must be signed below – in addition to this form, you will also be sent a link to accept the waiver of the 5 Boro Bike Tour)*

**Registration and Fee:** Once your Free Arts application has been received and accepted, you will receive an email confirming your slot along with a link to set up your online fundraising tool. Free Arts will cover your Bike Tour entry fee.

**Fundraising Commitment:**

- You agree to collect a minimum of \$500 for Free Arts NYC/Team Free Arts by **Friday, April 30th, 2010.**
- If you have not reached the minimum by that date, you will be personally responsible for the balance owed. **There are no exceptions.**
- You agree that if you are unable to complete the ride, due to injury beforehand, or for any other unforeseen circumstance, you will still be personally responsible for the full balance owed.
- You agree that if the race cannot be held for any unforeseen circumstance, any funds raised by you will not be refunded.

**Matching Gift Policy:** Many companies match employees' charitable contributions. Matching gifts will be counted towards your fundraising goal. Free Arts NYC encourages you to check with your employer to see if your company has a matching gift program, and ask your donors if their employers match gifts.

- It is your responsibility to contact the matching company to ensure the matching gift form will be issued before **Friday, April 30th, 2010.**
- If Free Arts NYC does not receive the matching gift form prior to **Friday, April 30th, 2010**, the match cannot count towards your minimum.

**Cancellation Policy:** You are responsible for raising the \$500 minimum, even if for any reason, including injury, you are unable to ride in the Bike Tour.

**Release Form and Contribution Agreement:** In consideration for my acceptance onto ***Team Free Arts*** I agree that I will not hold Free Arts NYC, its employees, volunteers, officers, board members, and sponsors (the "Organization") responsible for any injuries or losses I might incur while participating in the 5 Boro Bike Tour or travel to or from the 5 Boro Bike Tour or any training sessions or meetings related to my participation in the 5 Boro Bike Tour (the "Event Activities"). I hereby release and discharge the Organization from any and all claims, demands, damages, actions, and I voluntarily agree to assume full risk of any and all injuries, damages, or losses I may sustain as a result of participation in the Event Activities. I warrant that I have

sufficiently trained for the 5 Boro Bike Tour, and that a licensed physician has verified that I am fit to participate in the 5 Boro Bike Tour. I grant permission for the use of my name, likeness, or voice and waive any compensation for said use. Free Arts NYC will not be liable for any injuries that occur during training and as a result of their training tips.

I understand that participating a road race is a potentially hazardous activity. I understand that I should not enter and ride unless I am medically able to do so and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic and course conditions, all such risks being known and understood by me.

In the event of an illness, injury or medical emergency, I authorize Free Arts NYC to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services, ambulance transport service, and treatment rendered to me including medications and hospitalization. I represent that I have secured adequate insurance against any injury or loss that I might sustain during, or as a result of participation in the Event Activities.

In consideration of this entry, on behalf of myself, my legal representatives, successors, heirs, assigns, executors and administrators, I hereby waive and release any and all rights and claims for damages of any kind I may have against Free Arts NYC/Team Free Arts and all sponsors, representatives and employees thereof for any and all injuries suffered by me arising out of my participation in this event.

I hereby grant permission to Free Arts NYC/Team Free Arts to use my name and/or photograph or voice in broadcast, telecast, print or any other account of this event for legitimate purposes.

I agree to abide by the rules of the 5 Boro Bike Tour as stated in all official race information.

**Applicant's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CREDIT CARD INFORMATION:**

MasterCard \_\_\_\_ Visa \_\_\_\_ American Express \_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_