

**UAMS**



**Cycle for Sight**  
*Presented by*  
**Harvey & Bernice Jones Eye Institute**

Begin at the North Little Rock Riverfront  
**Saturday, May 15, 2010**  
Online Registration Closes  
**Thursday, May 13, 2009 at 8:00 AM CT**

CATEGORY	DISTANCE	START TIME	FEE
Full Trail Riders	7 laps	8:00 AM	\$35
Mid-Distance Riders	4 laps	8:00 AM	\$35
Short Distance Riders	2 laps	8:30 AM	\$35
Kids Ride (Under 12 years old)	1/2 lap	8:45 AM	\$15

This is a recreational ride to benefit **Harvey & Bernice Jones Eye Institute**. We ride through the North Little Rock and Little Rock Arkansas River trails and some of the course on open roads. Police presence is available for traffic areas. The stops are fully supported and SAG support on the course will be available. All riders must present a valid ID at registration pick up and sign an event release form (minors must have a parent/guardian sign). The day of the race each fee goes up by \$5. We will have a raffle with some great prizes. Lunch and entertainment will be available at 11:30 a.m. Please refer to our web site and on-line application for more details. All fees are non-refundable and non-transferable. Pledges received from non-participants are 100% deductible.

Mr. Ms. Mrs. First \_\_\_\_\_ M \_\_\_\_\_  
Last \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F T-shirt Size S M L XL XXL  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mail Check to:** 4301 W. Markham St., Slot 523, Little Rock, AR 72205-7199  
**Attention to:** Shannon Hughen-Giger, Development/Marketing  
**Fax to:** (501) 686-7037 **Phone** (501) 686-8638

**WAIVER AND RELEASE OF LIABILITY**

(Participant must sign in order to be eligible to participate in Race):

**PHOTOGRAPHIC RELEASE**

I give my full consent and permission to the Harvey & Bernice Jones Eye Institute at the University of Arkansas Medical Sciences, its local affiliates and races (as defined below), their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event (the "Event").

**WAIVER AND RELEASE OF CLAIMS**

I understand that my consent to these provisions is given in consideration for being permitted to participate in this Cycle for Sight Event. I further understand that I may be removed from this competition if I do not follow all the rules of this Event. I am a voluntary participant in this Event, and in good physical condition. ASSUMPTION OF RISK: I am aware that participation in this event is a strenuous and potentially dangerous activity. I am also aware that participation in this event carries with it certain risks including, but not limited to, those caused by terrain, road conditions, facilities, temperature, weather, condition of other participants, equipment, vehicular traffic, lack of hydration, and the acts or omissions of other people, including, but not limited to, participants, volunteers, spectators, event officials, event monitors and the Promoters or Sponsors. With knowledge of the risk involved, I hereby agree to accept any and all risks of injury or death associated with my participation in this event.

I know that this Event is a potentially hazardous activity and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury or accident THAT may occur during my participation in this Event or while on the premises of this Event. I, for myself, my next of kin, my MINOR children that attend the Event, my heirs, administrators, and executors, hereby release and hold harmless and covenant not to file suit against **Harvey & Bernice Jones Eye Institute, The Jones Eye Institute, the Arkansas Lions Eye Bank AND Laboratory, the University of Arkansas Medical Science (UAMS), University of Arkansas foundation or the University of Arkansas system** and, THEIR Affiliates and any affiliated individuals, any Event sponsors and their agents and employees, and all other persons or entities associated with this Event (collectively, the "Releasees") for any injury or damages I might suffer in connection with my participation in this Event or while on the premises of this Event. This release applies to any and all loss, liability, or claims I may have arising out of my participation in this Event, including but not limited to, personal injury or damage suffered by me or others, whether such losses, liabilities, or claims be caused by falls, contact with and/or the actions of other participants, contact with fixed or non-fixed objects, contact with animals, conditions of the premises of the Event, negligence of the Releasees, risks not known to me or not reasonably foreseeable at this time, or otherwise.

This Photographic Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the state in which the Event is held.

I understand that I have given up substantial rights by signing this Release, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant's Date of Birth

\_\_\_\_\_  
Signature of Parent/Guardian if Participant Is Under 18