



Ride for Prostate Cancer Awareness Saturday, September 25, 2010

\$25.00 for Riders & \$10.00 for Passengers

Rider Name _____	Passenger Name _____
Address _____	Address _____
Phone (____) _____	Phone (____) _____
Email _____	Email _____

Preferred Shirt Size: Small ____ Medium ____ Large ____ X-Large ____ 2XL ____ 3XL ____ Other ____
 One t-shirt is provided per bike, additional t-shirts may be purchased for \$10.00

RIDER / PASSENGER RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION for being permitted to participate in the Ride for Prostate Cancer Awareness (the "Event") with proceeds benefitting Georgia Prostate Cancer Coalition, THE UNDERSIGNED:

1. (i) HEREBY COVENANT NOT TO SUE, RELEASE, WAIVE, AND DISCHARGE RC Cancer Centers, RCOG Cancer Centers, LLC, Radiotherapy Centers of Georgia, LLC, Physician Oncology Services, L.P. and their respective members, managers, partners, directors, officers, physicians, employees and agents, all sponsors and their employees, all other participating public entities and/or law enforcement offices or agencies, and all other representatives, elected and appointed officials, employees, heirs, successors, assigns and executors of all of the aforementioned entities (hereinafter "Releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for and from any and all loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting death of the undersigned, including a consortium claim, whether caused by the negligence of the Releasees or otherwise, while the undersigned is participating in the Event; and

(ii) HEREBY AGREES TO INDEMNIFY AND SAVE AND HARMLESS the Releasees from any loss, liability, damage or cost (including attorney's fees) they may incur due to the presence of the undersigned participating in the Event and whether caused by the negligence of the Releasees or otherwise.

2. THE UNDERSIGNED agrees that in order to participate in the Event, he/she must present a valid operator's license and proof of personal injury and property damage liability insurance coverage.

3. THE UNDERSIGNED agrees that while participating in the Event, he/she will not ride while under the influence of alcohol or any substance which affects the ability to operate or control his/her vehicle.

4. THE UNDERSIGNED agrees to wear minimum safety apparel as required by State Law. Minimum safety apparel for these purposes may include a DOT-approved safety helmet. The undersigned is strongly advised to wear a helmet whether required to do so by law or not, and is strongly advised to wear glasses, goggles, or a face shield and additional outerwear such as gloves, long-sleeved jacket, boots and trousers while participating in the Event. The undersigned understands and acknowledges that failure to wear proper safety apparel may result in the rider's injury or death.

5. THE UNDERSIGNED agrees that he/she will not use or operate any vehicle in violation or contravention of any City, County, State, or Federal laws, statues, ordinances or regulation and shall be personally liable for all fines and penalties for traffic law violations.

6. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of Releasees or otherwise while participating in the Event.

EACH OF THE UNDERSIGNED expressly acknowledges(s) and agree(s) that the activities of the Event are dangerous and involve the risk or property damage, bodily injury, or death. THE UNDERSIGNED further expressly agree(s) that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of State of Georgia and that if any portion hereof is held invalid, the balance shall, notwithstanding continue to be in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further acknowledges that no oral representations, statements and inducements apart from the foregoing written agreement have been made.

 Signature of Rider Print Full Name Date

 Signature of Passenger Print Full Name Date

How did you hear about this ride?	
-----Newspaper ____ Radio	
-----Physician ____ Online	
____ Magazine ____ Killer Creek	

Make Checks Payable to: GPCC (Georgia Prostate Cancer Coalition)

Mail check and this completed form to:

Radiotherapy Centers of Georgia - North Georgia, 1055 Haw Creek Parkway. Cumming, GA 30041, Attn: T. Karasik
 For more information contact: T. Karasik 678- 947-0457 Ext. 115 or tkarasik@rccancercenters.com