



September 11–12, 2027

REGISTRATION FORM

*In-person participants only.
Virtual riders please register online.*

You may also register online at www.brakingaidsride.org.

One registration per form, please. You may make copies of this form for multiple registrations.

PERSONAL INFORMATION

First Name _____ M.I. _____ Last Name _____

Name as you would like it to read on the website _____

Mailing Address _____ Suite/Apt. No. _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____ Cell Phone (_____) _____

E-mail Address _____

Date of Birth (You must be at least 18 to participate) _____

I am registering as ☐ a 2-day Rider ☐ a 1-day Rider ☐ Crew

Gender (select all that apply) ☐ Female ☐ Male ☐ Trans ☐ Non-Binary

☐ Please assign me a roommate of the same gender

☐ My roommate is: Name _____

We require a room with ☐ 1 bed ☐ 2 beds

T-shirt size ☐ S ☐ M ☐ L ☐ XL ☐ Other _____

How did you hear about BRAKING AIDS® Ride?

- | | |
|--|---|
| ☐ Family/Friend | ☐ I rode/crewed previously |
| ☐ Website/Web search | ☐ Ad (please specify) _____ |
| ☐ Poster or postcard | ☐ Article/TV/Radio (please specify) _____ |
| ☐ Housing Works | ☐ Other (please specify) _____ |

Would you like vegetarian (non-vegan) meals?

☐ No ☐ Yes

Do you have other dietary restrictions?

☐ No ☐ Yes (Specify) _____

Because hotels assign rooms,
we cannot guarantee your
preference, but will make every
attempt to accommodate you.

Your fundraising goal: _____

(2-Day Riders must raise at least \$3,000;
1-Day, at least \$1,600. Setting a higher goal
does not change your commitment, but it will
inspire your donors.)

CREW ONLY: Do you have a valid driver license?

☐ Yes ☐ No

REGISTRATION FEE — \$150

- ☐ My check payable to "Housing Works" is enclosed.
☐ Please bill my ☐ VISA ☐ MC ☐ Amex ☐ Discover

Account Number _____

Exp. Mo/Yr _____ Security Code _____

All registrants must sign below

I understand that the registration fee is non-refundable.
I authorize Housing Works to charge my credit card as indicated above.

Signature _____ Date _____

EMERGENCY CONTACTS *Please list two.*

First Name _____ Last Name _____

Relationship _____

Primary Phone (_____) _____

Alternate Phone (_____) _____

First Name _____ Last Name _____

Relationship _____

Primary Phone (_____) _____

Alternate Phone (_____) _____

Registration continues on next page.

☐ Check here if you do not wish to receive mailings from the beneficiary

THE SMALL PRINT

YOUR AGREEMENT

I understand that in order to participate as a rider in BRAKING AIDS® Ride it is my responsibility as a Rider (Crew has no fundraising requirement.) to complete the \$3,000 donation/fundraising requirement for the two-day ride or \$1,600 for the one-day ride, in checks and approved credit card donations, due to Housing Works by September 10, 2027 ("Registration Eve"), or guarantee the balance due by certified check or credit card on that date. This balance due cannot exceed \$1,000 for the two-day ride or \$500 for the one-day ride in outstanding donations. I understand that donations mailed in after August 27, 2027 may not be entered into my account until after Registration Eve and that I will be required to guarantee these donations by certified check or credit card until they are entered in my account. I also understand that if I have not completed the required donations by the deadline, I may make my own donation to Housing Works for the balance in order to participate in the Ride. I understand that failure to complete the balance of the fundraising requirement by that date will result in the forfeiture of my place on the Ride. I understand that all donations processed by Housing Works are non-refundable, even if I do not participate in the Ride. I certify that I will be at least 18 years of age at the time of the Ride. I further understand that I must provide proof of health insurance coverage (via a waiver to be provided to me before the Ride) in order to participate in the Ride, or in the absence of health insurance, must sign a separate release of liability prior to the start of the Ride.

I have read, understand, and agree to the above. Participant Signature _____ Date _____

WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

I wish to participate in BRAKING AIDS® Ride ("the Ride") which I understand to be multi-day, non-competitive donation bicycle ride, with related events, that includes the following options: a two-day route (175 miles) and a one-day route (75 miles; distance subject to change). The Ride is hosted by Housing Works and Global Impact Tours Inc. DBA Global Impact Productions. I understand that in participating in The Ride I will be using public streets and facilities where many hazards exist and I am aware of and knowingly and voluntarily assume the risks which may result. I am also aware that accidents occur during such activities and that I may be seriously injured or killed as a result. I am voluntarily participating in this event with knowledge of the dangers involved and I agree to accept any and all risks of injury or death.

In consideration for being permitted to participate in The Ride, I agree to assume all risks and to release and hold harmless Housing Works, including its subsidiaries and affiliates, and all of their respective officers, directors, agents, and employees; Global Impact Tours Inc. DBA Global Impact Productions, BRAKING AIDS® Ride, all BRAKING AIDS® Ride Medical Team members, volunteers, sponsors, officials, participating clubs, communities, organizations and all other government or public entities (and all of their respective officers, directors, agents, employees and members) who, through negligence, carelessness or any other cause, might otherwise be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in The Ride, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I hereby represent that I am physically capable of participating in The Ride, and my medical care provider has approved my participation. No later than September 10, 2027 ("Registration Eve") I will provide proof of a valid COVID-19 vaccine with final dose dated at least two weeks prior to the Ride. I understand that a vaccine does not guarantee prevention of COVID-19. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in The Ride. I acknowledge that I, and I alone, am solely responsible for my personal health and safety and the personal property I bring with me. I accept full responsibility for any costs incurred for medical treatment, even if due to incorrect, outdated, or falsified insurance information. I will abide by all rules and regulations established by the Ride organizers and personnel, as well as all transportation laws and the bicycling codes of the states and jurisdictions through which I will ride. I agree to wear a properly fitted and adjusted ANSI-, ASTM-, or SNELL-certified helmet during the Ride at all times that I am on a bicycle.

I understand that my name, photograph, voice, video and film image, or likeness may be used by Housing Works, Global Impact Tours Inc. DBA Global Impact Productions, and their licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive my rights of privacy I have in connection therewith.

I have carefully read this Waiver and Release and fully understand its contents. I certify that I am at least 18 years of age at the time of the Ride. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and all of their respective officers, director, employees, agents and representatives and I sign it of my own free will. In addition, I am aware that I will be asked to confirm my understanding of this agreement at the first official meeting of the Ride by signing another copy of this waiver, and the failure to do so will disqualify me from participating in the event without entitling me to any refund.

This is an important legal document. Read it carefully before signing below.

Print name _____

Signature _____ Date _____

SUMMARY OF REQUIREMENTS FOR ALL PARTICIPANTS

1. You must be at least 18 years of age at the time of the Ride;
2. You must have health insurance, or in the absence of health insurance, must sign a separate release of liability;
3. 2-Day Riders must raise at least \$3,000 by September 10, 2027 in order to participate in the Ride or guarantee the balance due by check or credit card on that date. (The balance due cannot exceed \$1,000.) 1-Day Riders must raise at least \$1,600 by September 11, 2027 in order to participate in the Ride or guarantee the balance due by that date. (The balance due cannot exceed \$500.);
4. You must attend a mandatory orientation meeting and safety presentation prior to the Ride;
5. You must complete a full course of an FDA-approved COVID-19 vaccine by August 27, 2027; and
6. You must obey all official Ride rules and policies.

Make checks payable to: "Housing Works"

**Send your registration
with payment to:**
BRAKING AIDS® Ride
c/o Global Impact Productions
60 Riverside Drive #1D
New York, NY 10024
Phone 212.989.1111