



Sunday, May 7th 2017

2017 Team Blue Card Bike Tour Application

To qualify for Team Blue Card, please fill out and return the application at your earliest convenience.

Please note that application does not guarantee acceptance.

First Name

Middle

Last Name

Address

City

State

Zip

Email

Cell

DOB

Gender

Shirt Size

Occupation

Employer

Completed applications should be emailed to izabella@bluecardfund.org, faxed to 212-594-6881 or mailed to 171 Madison Avenue, Suite 1405, New York, NY 10016.

Emergency Contact	Relationship	Phone
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Please list names of endurance events you have participated in and their locations:

Do you have a personal connection to the Holocaust?

Please indicate how much you are committing to raise: \$ _____

How do you plan to raise the funds? _____

How did you hear about The Blue Card?

Newspaper _____ TV _____ Social Media _____

Family _____ Friends _____ Co-workers _____

Other _____

Financials:

As per the organizers of Bike New York, the fundraising minimum is \$750 per entry. If you wish to remit your participation fee by credit card, please fill out the information below.

Credit Card: Amex _____ Visa _____ MasterCard _____ Discover _____

Card Number _____ CSC (Security) Number _____

Expiration: Month _____ Year _____

Billing Address: _____

City _____ State _____ Zip _____

Card Holder's Signature _____

Date _____

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Medical Waiver

You understand that participating in the 2017 Bike New York bicycle tour as a member of team of The Blue Card, including pre-event training and related event activities (collectively referred to as the "Event") is a potentially hazardous activity. You agree not to participate unless you are medically able and properly trained. You are voluntarily entering and assume all risks associated with participating in the Event, including, but not limited to, falls, spills, contact with vehicles, other participants, spectators or others in the area, effects of weather, including cold or extreme heat and/or humidity, traffic and the conditions of the roads, all risks being known and appreciated by you. You grant the Medical Director of the Event and his designee access to your medical records and physicians, as well as other information, relating to medical care that may be administered to you as a result of your participation in the Event.

Having read this Waiver and knowing these facts, you, for yourself, and anyone entitled to act on your behalf, waive and release The Blue Card, the Bike New York organizers, the City of New York and its agencies, all Sponsors of the Event and of the Team, and each of the respective representatives and successors, officers, directors, members, agents and employees of the foregoing, from all present and future claims and liabilities of any kind, known or unknown, arising out of your participation as a member of Team The Blue Card, even though that liability may arise out of ordinary negligence or fault on the part of persons named in this Waiver.

Signature

Date

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Media Release

You grant permission to the organizers of this Event and to The Blue Card, its agents, contractors or representatives, to use, or authorize others to use, any photographs, motion pictures, recordings, or any other record of your participation in this Event and as a member of Team Blue Card for any legitimate purposes without remuneration.

Would you be interested in speaking with the media about your experience?

Signature

Date

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