



 REGISTER

 VIRTUAL RIDER

 FEES

 ROUTES

 SCHEDULES

 LOCATION

 FUNDRAISING

 VOLUNTEER

### Registrant #1

If you have registered this person for another ride, click "Previous Participant" instead of filling out the user information.

**PREVIOUS PARTICIPANT**

#### Basic Info

First Name \*  Last Name \*

E-mail Address \*  Confirm E-mail \*

#### Address

Street Address \*  Country \*  Zip Code \*

City \*  State \*

#### Additional Information

Date of Birth \*  Gender \*  Male  Female Phone \*

Format: mm/dd/yyyy  
Used for age group calculations

Format: ###-###-####

#### Choose Your Event(s) \*

<input type="checkbox"/>	The Ride (102 Mile)	\$90.00
<input type="checkbox"/>	The Ride (63 Mile)	\$90.00
<input type="checkbox"/>	The Ride (34 Mile)	\$45.00
<input type="checkbox"/>	The Ride (17 Mile)	\$45.00
<input type="checkbox"/>	The Ride (3 Mile) - Individual Entry	\$18.00
<input type="checkbox"/>	The Ride (3 Mile) - Family Entry	\$18.00
<input checked="" type="checkbox"/>	The Ride (Virtual Rider)	\$0.00

## Waiver

### ASSUMPTION OF RISK

I know that a cycling event is a potentially hazardous activity. I should not enter and ride unless I am medically able to do so and properly trained. I assume all risks associated with riding in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those or other risks typical found in bicycling on open roads. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any event official relative to my ability to safely complete the ride. I certify as a material condition to my being permitted to enter this ride that I am physically fit and sufficiently trained for the completion of this event and that I have, or have voluntarily elected not to, receive(d) the advice of a licensed Medical Doctor to verify my

[Open waiver in new window](#)

### Waiver Agreement for Jane Doe

Sign waiver later

Please enter an E-mail address where we should send the waiver instructions.

E-mail to Send Instructions

**CONTINUE**

**BACK**

## Questions for Jane Doe

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Emergency Contact Name \*

Emergency Contact Phone \*

If you would like to sign up to receive text message updates for this race, please enter your cell phone number here.

**CONTINUE**

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## The Ride

Donation Goal: \$500,000

**THE RIDE** was conceived and developed by faculty members from the University of Wisconsin Department of Human Oncology. In preparation since 2013, the second event is set to launch September 17, 2017. The mission is simple. We seek to advance state of the art research and clinical treatment for cancer patients in Wisconsin and beyond. Proceeds from **THE RIDE** will support promising new cancer research and treatment opportunities at the University of Wisconsin. We thank each and every rider, supporter, volunteer and sponsor of **THE RIDE** for their commitment. Ride for Him, Ride for Her, **THE RIDE** for Life.

Select a fundraiser to donate to a cause. Select "Become a Fundraiser" if you would like to set up a new fundraiser.

[BECOME A FUNDRAISER](#)

**FUNDRAISER**

**TEAM FUNDRAISER**

You have selected to become a fundraiser. If you decide you do not want to set up a fundraiser, click **CANCEL**.

## Fundraiser for Jane Doe

Your Individual Fundraiser Name

Your Fundraiser Goal

- Show goal thermometer.
- Show scrolling list of donors.

Create Your Custom Fundraiser URL

If you enter a URL here, this link can be used to send people directly to your fundraiser page.

Personal Message to Display on Your Fundraiser Page

File ▾	Edit ▾	Insert ▾	View ▾	Format ▾	Tools ▾			
Paragraph ▾	<u>A</u> ▾	<b>A</b> ▾	<b>B</b>	<i>I</i>	<u>U</u>	☰	☰	🔗
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Fundraiser Image

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Maximum file size is 5MB.

Save as my profile picture