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 www.hemophiliautah.org

Donations benefit the Utah Hemophilia Foundation's Summer Camp

CLOSING THE LOOP CHARITY BIKE RIDE

September 25-26, 2009 — Moab, Utah.

Sponsored by Hemophilia Health Services in conjunction with the Utah Hemophilia Foundation and other corporate sponsors.

**New this year: 1.) Friday ride: Mountain bike Poison Spider trail—start at trailhead;
 2.) Saturday-1/2 Loop road ride—30 miles along with original 65-mile loop (same start time).**

Saturday's Full Loop ride: 65-mile road bike ride around the La Sal Loop Road, surrounded by red rocks.

- ◆ Ride starts and ends at Lions Park (Main Street & Colorado River Road)
- ◆ Friday start time: 3:00 PM
- ◆ Saturday start time: 7:00 am
- ◆ Rider Support, food and drinks will be provided.

Registration materials may be found Online at www.hemophiliautah.org/events-september.html

One Rider—\$75.00, or Recruited 3 Riders, \$0 \$ _____

Total included: \$ _____

Name _____

Address _____

City / State / Zip _____

Email _____

Phone _____

Age _____ Gender Male Female

How did you hear about this ride?

Participation Plans:
 Which ride? How far?

Friday—Sept. 25th
 ◆ Mountain Bike Tour

Saturday—Sept. 26
 ◆ River Road Ride:
 Short = 30 miles
 Full = 65 miles

\$75 registration fee covers riders who would like to ride for both days.

I hereby for myself, my heirs, executors and administrators and assigns hereby waive, release and discharge any and all rights and claims for damages I have ever had, now have or can, shall or may hereafter have against Utah Hemophilia Foundation, and any participating sponsors, supporters and directors, officers, employees and agents of such parties, for any and all injuries in any manner arising or resulting from my participating in said ride. I attest and verify that I have full knowledge of the risks involved in this ride, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of accident, illness or other capacity, regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in this ride. I verify that I have read and fully understand the above.

 Signature (signature of parent or guardian if participant is under 18)

METHOD OF PAYMENT:

Check enclosed _____

_____ Visa

(Make checks payable to Utah Hemophilia Foundation

_____ MasterCard

Credit Card Number

Expiration Date

Signature for Credit Card Payment

Please Mail or fax this form to:

Utah Hemophilia Foundation-Moab Bike Ride

772 E. 3300 S. #210

Salt Lake City, Utah 84106

Phone: 801-484-0325

Fax: 801-746-2488