



Eat A Peach Challenge Bike Ride



15th Annual Eat A Peach

Saturday, August 13, 2011

Start time from 7 am - 9 am

Registration fees:

\$45 until August 1 for individual riders
 \$50 after August 1 & on-site for individual riders
Discount for teams of 4 or more
 \$40 until August 1 for team members
 \$45 after August 1 & on-site for team members

All checks must be made payable to: BIAM
 NO REFUNDS AND
 NO CONFIRMATION OF ENTRY.
Event is held rain or shine.

Charm City Run Events Management will manage the bike ride. To register by phone or for more information call 410-448-2924 or 1-800-221-6443.



For more information about brain injury, contact:
 Brain Injury Association of Maryland
 Phone: 410-448-2924 Fax: 410-448-3541
 Web: www.biamd.org Email: info@biamd.org
 Mail form and entry fee to:
 Eat A Peach Challenge - BIAM
 2200 Kernan Drive Baltimore, MD 21207

To benefit the



Resource Center

**Start/Finish at the
 Carroll County Agricultural
 Center in Westminster, MD**

- **Improved** scenic and challenging 12-, 33-, 40-, 67-, and 100-mile routes with **new rest stops and additional tech support**
- **Performance Upgrade:** For \$20 for participants who register by August 1 will receive a custom technical tee
- Fully supported with **SAG and rest stops**
- Carb Re-Loading Celebration after the ride
- In conjunction with the Carroll County Farmers' Market **Peach Festival**
- Kids' Fun Station with free helmet-fitting, educational activities and give-aways
- Great Ride - Great Organization - Great Cause!

Go the **extra mile** and solicit pledges to support the BIAM Resource Center. A pledge form is available on the back of this flyer. In 2010, BIAM responded to **more than 7100** individuals through its Resource Center.

Brain Injury can be a **concussion**, a **coma**, a **stroke**, a **tumor** - it can happen while driving in a car, walking on ice, playing on the sports field or in combat on the battle field. Families struggle just to understand what a brain injury is, much less know what questions to ask the doctor or what resources are available. BIAM is a registered 501(c)3 non-profit. **BIAM is there to educate, advocate and provide hope.**

Get a team together and ride in honor or memory of someone, get pledges or matching funds from your employer, and promote this event in your community.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth _____

Sex Male Female

12 33 40 67 100

Team Name _____

Team Captain _____

Custom Technical Tee - \$20
 (must be ordered by August 1)

XS S M L XL

Payment Check VISA Mastercard

Amount \$ _____ Exp. Date _____

Card # _____

Card Holder Name _____

Card Holder Signature _____

2011 Eat a Peach Challenge Waiver of Liability and Photo Release

I understand the Brain Injury Association of Maryland's activity Eat a Peach Challenge requires me to wear a helmet and closed-toe shoes at all times while riding in this event. I further understand that Brain Injury Association of Maryland shall not be responsible or legally liable for any loss of personal property or any bodily injury I sustain. I hereby waive and release all rights and claims for damages I may have against Brain Injury Association of Maryland, their agents, employees, or volunteers which may arise in conjunction with this event as a result of negligence of Brain Injury Association of Maryland, its agents, employees, volunteers, or otherwise.

I give consent for emergency medical services at my own expense should I be involved in any accident.

I give consent for the use of any photographs taken of me during this event.

Signature _____ Date _____

Signature of parent or guardian if under 18 _____

Pledges

Do more! BIAM is a small organization that depends on donations to provide assistance to those who contact the office for resources. Ask your friends and family to support your ride by making a pledge. Bring your pledge contributions and completed pledge form(s) with you to the Eat A Peach.

Did you know that many businesses will match your donation? Ask your company today and raise twice as much for the Brain Injury Association of Maryland Resource Center!

Participant Name _____

Please make checks payable to:

BIAM

YES! My company has a matching gift policy.

(Please enclose necessary forms and other information.)

Sponsor: _____

Street Address: _____

City/State/Zip: _____

Amount Collected: _____

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Street Address: _____

City/State/Zip: _____

Amount Collected: _____

Sponsor: _____

Street Address: _____

City/State/Zip: _____

Amount Collected: _____

Sponsor: _____

Street Address: _____

City/State/Zip: _____

Amount Collected: _____

Sponsor: _____

Street Address: _____

City/State/Zip: _____

Amount Collected: _____

Sponsor: _____

Street Address: _____

City/State/Zip: _____

Amount Collected: _____

Total Amount Collected: _____

Please make copies of this form for additional space!