



## **The 2009 Blood, Sweat & Gears Hemophilia Half-Hundred You Can Help:**

### **BE A RIDER OR A SPONSOR**

The goal of the 2009 Half-Hundred is to raise funds for HACA to improve the quality of life for persons with bleeding disorders and their families. You can help HACA provide educational materials, support groups, financial assistance, summer camp programs for young people and help support research for a cure.

Hemophilia is a lifelong, hereditary blood clotting disorder. The clotting process is incomplete because of missing molecular protein factors. The disorder usually affects males and exacts a heavy emotional toll from them and their families. Everyday activities which most of us take for granted may become the cause for sudden, painful and lingering injuries. Without proper treatment, recurring injuries may become crippling. Thanks to research, treatment is now available – but at great cost and with a considerable degree of risk. Your participation in this ride will help provide services and support to help individuals with bleeding disorders.

- When:** October 3, 2009
- Registration Time:** 8AM for 50K and 50 miles; 9AM for 25K
- Start/Finish:** Reston, Virginia YMCA  
12196 Sunset Hills Road (off the Fairfax Co. Pkwy)
- Route** Along the W&OD Railroad Regional Park Trail, from Reston to Purcellville
- Registration Fee:** \$35. No minimum fund-raising requirements but each cyclist receives an entry for prize drawing for every \$50 raised.
- Registration Deadline:** By September 15 to receive a t-shirt. Late entries accepted.
- HACA provides:** Limited first aid, snacks & drinks at water stops until 1:30PM. Picnic lunch provided to all participants from 11:30AM until 1:30PM.
- Contact Numbers:** Phone (703) 352-7641 Fax (703) 352-2145



# 2009 Blood, Sweat & Gears Hemophilia Half-Hundred Registration Form

Name

Address

City/State/Zip

Phone (Day)

Phone (Evening)

Email Address

I have a bleeding disorder.  Yes  No

## DISTANCE

- 25 Kilometers
- 50 Kilometers
- 50 Miles

## T-SHIRT SIZE

Small

Medium

Large

X-Large

I (the undersigned) will wear an ANSI/SSNELL approved helmet during the "Blood, Sweat & Gears Hemophilia Half-Hundred Cycling Challenge" bike ride. I understand and agree that the Hemophilia Association of the Capital Area and the National Hemophilia Foundation and their officers, directors, employees, sponsors, and volunteers (collectively the HACA groups) shall not be responsible or legally liable for (and I waive and release any claims against the HACA groups for) any losses, costs or damages I may incur or may suffer during the "HACA Blood, Sweat & Gears Half Hundred Cycling Challenge" bike ride or in connection with any activity or occurrence directly or indirectly related to the "HACA Blood, Sweat & Gears Half-Hundred Cycling Challenge" bike ride without regard or negligence or fault of the HACA groups. I consent to any medical release should I be involved in any accident or health damaging situation on the "HACA Blood, Sweat & Gears Half-Hundred Cycling Challenge" bike ride and consent to any emergency treatment.

Registration for the 2009 Blood, Sweat & Gears bike event implies consent that any photos taken during the event may be used by HACA for coverage and promotional purposes, including but not limited to, newsletters, brochures, media coverage and web sites. Please notify the photographer if you do not want your picture taken or used for promotional purposes.

Signature (A parent or guardian must sign if the participant is under 18 years old.)

**Please mail registration form and \$35 fee to:**

HACA

10560 Main St., Suite PH-4

Fairfax, VA 22030

Registrations may also be faxed to (703) 352-2145.



**2009 Blood, Sweat & Gears  
Hemophilia Half-Hundred  
Pledge Form**

Participant's Name

**Please turn in this form and donations on event day.**

Name _____	Amount:
Address _____	\$
City/State/Zip _____	

Name _____	Amount:
Address _____	\$
City/State/Zip _____	

Name _____	Amount:
Address _____	\$
City/State/Zip _____	

Name _____	Amount:
Address _____	\$
City/State/Zip _____	

Name _____	Amount:
Address _____	\$
City/State/Zip _____	

**Please reproduce if additional spaces are required.**