

# MARR REGISTRATION FORM

Sheet 1 of 2

Please print ••• ONE rider per form ••• Please sign and return BOTH pages!

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Age of minor \_\_\_\_\_ (all minors must ride with an adult)

Please specify (circle) a route:      32 mi      65 mi      102 mi      32 mi multi-surf

	Members	NON-Members	
Thru July 15	\$40	\$45	\$_____ /per rider
July 16 - Aug 6	\$45	\$50	\$_____ /per rider
Aug 7 - 14	\$60	\$65	\$_____ /per rider

**\*\* Please help us to plan for our luncheon by registering early! \*\***

Please specify a meal choice (circle):	Sliced Tender Beef Wrap	Chicken Salad Wrap
	Veggie Wrap	Turkey/Avocado

**Make check payable to MARR.**

**Mail check, registration, and Release of Liability form to:**

**MARR, 227 W. Dudley, Maumee OH 43537**

**REGISTRATION FORMS MUST BE RECEIVED BY DEADLINES LISTED ABOVE.**

Helmets are required for all riders. Riders must obey all traffic laws, including riding no more than two abreast.

\_\_\_\_\_  
**Signed** **Date**

# RELEASE OF LIABILITY - Sheet 2 of 2

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT IN CONSIDERATION of being permitted to participate in the Maumee Area River Ride (MARR), I, for myself, my personal representative, assigns, heirs, and next of kin or for the personal representative, assigns, heirs, and next of kin of any minor for whom I may be signing:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“Risks”); (b) these Risks and dangers may be caused by own actions, or inactions, the actions or inactions of others participating in the Activity; the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to be or readily foreseeable at this time: and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I may incur or suffer as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Toledo Area Bicyclists Club, their respective administrators, directors, agents, members, volunteers, and employees, other participants, and sponsors, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the “Releasees” herein) FROM LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND I FURTHER AGREE that, if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnification Agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which they may incur as a result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL CLAIMS TO THE EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature of Entrant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian  
(If entrant is under 18) \_\_\_\_\_ Date \_\_\_\_\_