

Please Print. One Rider Per Form or

REGISTER FOR MARR 2018 on-line at www.toledoareabicyclists.org

Name: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

E-mail Address: _____

Emergency Contact _____ Phone: _____

Age of minor _____ All minors must ride with an adult.

HOW MANY MILES WILL YOU RIDE? Circle One: 12, 31, 50, 62, 85, 101

Registration Fees Fees are non-refundable	Before July 18, 2018	July 18 - July 31	Aug. 1- Aug. 11	
<i>All routes 31 miles and up</i>				
Adult (Age 13 & older)	\$25.00	\$30.00	\$35.00	\$ _____
TAB member	\$22.00	\$28.00	\$35.00	\$ _____
Child (12 & under w. Adult)	\$ 5.00	\$ 6.00	\$ 6.00	\$ _____
<i>(Includes lunch)</i>				
<i>12 mile Family Route</i>				
Adult	\$ 5.00	\$ 5.00	\$ 5.00	\$ _____
Children (12 & under w. Adult)	Free	Free	Free	
<i>(No lunch)</i>				
T-shirts (Circle Size)				
S M L XL	\$20.00			\$ _____
XXL XXXL	\$22.00			\$ _____
25th Anniversary Jersey (Circle Size)				
	\$60.00			\$ _____
S M L XL				
XXL XXXL	\$65.00			\$ _____
\$2.00 of your fee will be donated to the organization of your choice. Circle one:	League of American Bicyclists	NW Ohio Rails to Trails	Ohio Bicycle Federation	
TOTAL - Make checks payable to MARR and mail to TAB, c/o Linda Posadny, 1313 Antietam Ct., Maumee OH 43537				\$ _____

CAMPING – no fee, but please tell us if you plan to camp. No electrical hookups.				# of campers _____
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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in the Mad Anthony River Rally, 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, League of American Bicyclists, 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 _____