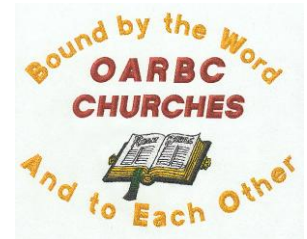




# Registration and Waiver Form

## OARBC Scholarship Bike Ride

Complete Separate Form for each participant or authorized guardian.



Name of sponsoring organization: Ohio Association of Regular Baptist Churches (OARBC)

Address: 360 College Hill Drive, Cedarville, Ohio 45314 Telephone: (937) 766-5913

Name of OARBC coordinators: Dave and Pat Warren Telephone: (937) 532-4346 cell

Description of activity: OARBC Scholarship Bike Ride. Riders to raise college scholarship funds for young people.

Participation fee: \$25 per person includes T-Shirt - \$50 per family includes 2 shirts - \$100 per youth group includes 5 shirts

Date and location of activity: September 6, 2014 – Ohio bike trails north and south. See trail maps online.

*We would like to be able to give a small portion of fees toward moving the bike path forward through adjacent counties.*

### Participant Information – All riders should wear helmets.

*(Mail to OARBC, 360 College Hill Drive, Cedarville, Ohio 45314. Extra T-Shirts - \$10 adult, \$5 child.)*

Name of participant: \_\_\_\_\_ Circle T-Shirt Size – Adult S M L XL

Name of parents/guardian: \_\_\_\_\_ Circle T-Shirt Size – Child S M L XL

Email: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_

Choose trail you plan to ride. [www.oarbc.org](http://www.oarbc.org) Complete information below.

Starting Point \_\_\_\_\_ Ending Point \_\_\_\_\_ Distance Planned \_\_\_\_\_

Century Rider \_\_\_\_\_ Enthusiast \_\_\_\_\_ Fun \_\_\_\_\_ Family Friendly \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

\$ \_\_\_\_\_ Total Enclosed

If yes, name of insurer: \_\_\_\_\_ Policy or group number: \_\_\_\_\_

### Participation Agreement

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Sponsor, or the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant or BOTH parents/guardians if participant is a minor)*