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.

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Participant Information – All riders should wear helmets.

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

Complete information below.

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): ___________________________

Name of Church: ___________________________ City: ___________________________

Choose trail you plan to ride. www.oarbc.org

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

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)

$_______ Total Enclosed