



Ohio Randonneurs 2010 Brevet Registration

_____ \$50 Annual amount paid in advance covers access to all brevets (Flèche not included)
(Please check the brevets that you plan to ride)

_____ \$10 200k ACP Brevet, Grove City, OH Sat March 27 7:30 AM

_____ \$10 300k ACP Brevet, Columbus West, OH Sat April 10 6:00 AM

_____ \$15 400k ACP Brevet, Columbus North, OH Sat May 15 5:00 AM

_____ \$20 600k ACP Brevet, Reynoldsburg, OH Sat June 12 5:00 AM

_____ \$10 200k ACP Brevet, Columbus (Hilltop), OH Sat August 28 7:00 AM

_____ \$10 200k RUSA Brevet, Battelle Darby Metro Park Sat October 16 7:30 AM
Columbus, OH

(ACP Medal not available for RUSA Brevet)

_____ Total enclosed (payment required with registration form)

Make checks payable to **Ohio Randonneurs**. Return completed form with payment by mail to:

Bob Waddell |
Ohio Randonneurs
254 S Westgate Ave
Columbus, OH 43204

For further details call (614) 272-5710 (evenings) (614) 561-4914 (cell)
or e-mail **rba4914 at ohiorand.org**

- Starting locations are tentative and subject to change pending availability of motel accommodations. Motel accommodations are the responsibility of each rider including on-road sleep facilities for longer events. Room sharing is encouraged.
- Events are available only via pre-registration. No day of event registrations will be accepted.
- Please send completed registrations and payment no later than the Wednesday prior to the event - earlier is appreciated for planning purposes.
- Cancellation Policy: All brevets will be run on the appointed date, despite weather conditions. Only in the case of extremely severe and unsafe conditions will the coordinator postpone or cancel the event. Rescheduling will be done only with approval of RUSA.
- Refund policy: Refunds will be issued only upon request if the coordinator is notified of your DNS (did not start) on or before the Wednesday prior to the event or if the event is cancelled. Call 614-561-4914 (cell) for late DNS notifications. Annual discount rate is not eligible for refunds.

Medals are available to RUSA members. Riders may order medals directly from RUSA after completion of the event. Consider ordering all of your medals at the end of season to minimize your shipping cost.

Name _____ RUSA number _____.

Address _____

City _____ State _____ Zip _____

E-mail address _____ "Home" bike club _____

Primary Telephone _____ On Bike Cell Phone _____ Vehicle Tag # (day of ride) _____ ST _____

Name of Emergency Contact: _____ Emergency Contact Phone#: _____ (Not 911)

Please include signed liability release – next page.

ACCIDENT WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in any way in the Ohio Randonneurs (_____ event name _____)
I, for myself, my representatives, assigns, successors, and heirs represent and agree as follows:

I acknowledge that this athletic event or Activity is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. 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. If at any time I believe conditions to be unsafe I will immediately discontinue further participation in the activity.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

Robert E Waddell-Regional Brevet Administrator, Ohio Randonneurs, RANDONNEURS USA, (RUSA), AUDAX CLUB PARISIEN, and RANDONNEURS MONDIAUX, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content. I understand that I have given up substantial rights by signing this AWRL and have signed it freely and without any inducement or assurance of any nature.

PRINT NAME

SIGNATURE

DATE

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PRINT NAME

AGE

SIGNATURE

DATE

If under 18 years old, parent or guardian must sign

