



Ohio Randonneurs 2010 Flèche Registration

Flèche: Team event – team consists of 3- 5 bikes (tandem counts as 1).

Date/time: Teams may start anytime between Friday April 23rd at Noon until Saturday April 24 at 10AM. We strongly suggest that teams begin their rides between 6 and 7 AM on Saturday Friday April 24th. On Sunday at 7 AM we will plan to meet for breakfast at the home of Bob Waddell & Patti Von Niessen.

Duration: 24 hours

Mileage: 360k minimum – see rules at <http://www.rusa.org/teamrando.html> for alternate (longer) distances. All riders must finish together.

Teams: Anyone can organize a team. Normally someone assumes the role of captain, chooses his team mates and selects the team's route. (Ohio Randonneurs does not establish the teams)

Route: May start anywhere, but must end at 254 S. Westgate Ave, Columbus, OH 43204. Team receives credit for shortest bike navigable route between controls. Route and starting time must be pre-approved by Bob Waddell. Submit your proposed route with the application forms.

Application deadline: March 19th 2009

Fee: \$50.00 per team

Direct your questions to Bob Waddell (rba4914 at ohiorand.org), the organizer of this year's Flèche.

Team members:

Machine type (Single/Tandem/Trip/Quad)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proposed start date/time: _____

Proposed start location: _____

_____ Total enclosed (payment required with registration form)

Submit route sheet, list of planned controls, map, and liability release forms, (one for each rider) with check 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 :
Primary contact:
Bob Waddell
614-272-5710
rba4914 at ohiorand.org

Ohio Randonneurs 2010 Flèche Liability Release (one form for each rider)

Name _____ RUSA number _____

Address _____

City _____ State _____ Zip _____ Telephone _____

E-mail address _____ "Home" bike club _____

In Emergency Please Contact: Name: _____

Emergency Contact Phone#: _____ (Not 911)

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