



RIDER REGISTRATION FORM

2024 Rotary Tour for MESA

June 14-19, 2024

Please print both pages, fully complete all four parts and mail/email/fax to address below.

***PART ONE: Personal and Emergency Contact Information**

NAME: _____

ADDRESS: _____
Street City/State Zip

Primary Phone: (____)_____ Email: _____

I am a member of the _____ Rotary Club
 _____ I am a Non-Rotarian

EMERGENCY/ALTERNATE CONTACT:

Name: _____ Relationship: _____

Best Phone: (____)_____ Alt. Phone: (____)_____

***PART TWO: What Day(s) Are You Riding?**

For a detailed itinerary please see the Tour brochure at: www.rotarymesa.org

Check below which days you plan to ride and if lodging is needed. **NOTE: No shuttle service.**

DAY	DATE	ACTIVITY (start-end)	PARTICIPATE? Yes/No	NEED LODGING?
	6/14	Pre-Ride Arrival (Tiffin)		
DAY 1	6/15	Tiffin-Marion		
DAY 2	6/16	Marion-Mansfield		
DAY 3	6/17	Mansfield-Ashland		
DAY 4	6/18	Ashland-Bucyrus		
DAY 5	6/19	Bucyrus-Tiffin		

***PART THREE: Rider Pledge**

I pledge to raise or donate for the Rotary Tour for M.E.S.A. at least:

- Weeklong Riders: Minimum \$500.00
- Day Riders: Minimum \$100.00 per day

My Total Pledge: \$_____ Signature _____

Go to PART 4 - Waiver to complete your registration

PART FOUR -- READ CAREFULLY!!

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION ON OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the **Rotary Tour for M.E.S.A.** ("Tour") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand and am adequately familiar with and experienced in road cycling, group riding, and all other aspect of the Tour, and that I am qualified, in good health, and in proper physical condition to participate in such Tour. I further acknowledge that the Tour will be conducted over public roads and facilities open to the public during the Tour and upon which the hazards of traveling are to be expected. I agree and accept that I am solely responsible for my own physical safety at all times during the Tour. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Tour.

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 my own actions or inactions, the actions or inactions of others participating in the Tour, by motorists, pedestrians or other members of the public, the conditions in which the Tour 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 me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my own participation or that of any minor accompanying me during the Tour.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE **M.E.S.A.**, any Rotary Club, any Rotary District, Rotary International, their respective administrators, directors, agents, officers, members, volunteers, and employees, other Tour participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which any part of the Tour takes place (including but not limited to rest stops and lodging), (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the 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 LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's signature: _____ Date _____

Please complete all four parts above and mail, e-mail, or fax to:

M.E.S.A. RIDER 124 Eastern Heights Blvd. Elyria, OH 44035	kurtanderson@twc.com Fax: 216-916-7725
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