



tour de forest benefit bicycle ride

Sponsored by The Little Cities of Black Diamonds Council
Begin & End At Hocking College Recreation Center • Nelsonville
Saturday, April 21, 2018

Registration Form (one form per participant)

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____ Age: _____

Ride Options (check your anticipated route choice/departure time) (Lunch served 11:30am-3pm):

- 1. Metric Century Route (70 Miles) (depart 8AM)
- 2. GRAVEL Route (54 Miles) (depart 8 AM)
- 3. Mining Town Route (30 Miles) (depart 8, 9 or 10 AM)
- 4. Rider's Choice Route (1-44-miles) on level Adena Hock-Hocking Bikeway towards Athens and Back riding past the Eclipse Company Store (depart 9, 10 or 11AM)

Choose one: \$30 Adult Registration \$20 Youth Registration

Group Registration \$25/\$15 (Minimum 5 members) Group Name: _____

Liability Waiver and Indemnification Agreement

In accepting this agreement for myself or for the named participant (if under the age of 18), I know that those participating in the **Tour de Forest Benefit Bicycle Ride** will be exposed to the risks of serious bodily injury, sickness, or death due to circumstances inherent in this event, including the negligent acts or omissions of others. I understand and am aware that there are a variety of specific risks and dangers inherent in a voluntary bicycling event including, without limitations, falls, collisions with other bicyclists, motor vehicles or stationary objects; adverse weather conditions; and those caused by conditions of the road, such as broken pavement, railroad crossings, and road crossings. I further understand that the ride involves riding my bicycle on public roads. I voluntarily agree to assume all of the risks inherent in the **Tour de Forest Benefit Bicycle Ride**. I understand that the *Little Cities of Black Diamonds Council* assumes no responsibility or liability with respect to my participation in this event. I agree to wear an ANSI, Snell, or ATSM/SEA-approved helmet at all times while riding my bicycle on the **Tour de Forest Benefit Bicycle Ride**. I, for myself and anyone entitled to act on my behalf, do agree to release, hold harmless, and discharge *Little Cities of Black Diamonds Council* and its board, sponsors and officers, from any and all claims or liabilities of any kind arising out of my participation in this ride even though that liability may arise out of negligence, recklessness, or carelessness on the part of the persons or entities named in this waiver. Having read and understood this agreement, I voluntarily and knowingly sign it.

Participant's Name (Print) _____ Participant's Signature _____ Date _____

Parent/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____

**Return Form In Advance to: Little Cities of Black Diamonds Council
P. O. Box 128, Shawnee, Ohio 43782 or Bring With You Day of Event**