

# One Helluva Ride (OHR) July 8, 2017 DAY OF RIDE REGISTRATION FORM

## ONE RIDER PER FORM, PLEASE

Pay by cash, check (payable to AABTS) or credit card

<b>FEE:</b> Adult	Minor (7-17) (Under 7 free)	PAID
\$40.00	\$12.00	\$ _____

### Please Print Clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_ AABTS member \_\_\_

Emergency Contact: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

### Please check the route you plan to ride:

Portage Lake check-in:  15-mile  33-mile

Chelsea Fairgrounds check-in:

40-mile  66-mile  76-mile  100-mile

*Please carry ID and Emergency Contact Info  
on your person while riding.*

### You must read and sign Assumption of Risk Agreement

All Minors (17 and under) **must** be registered and accompanied by an adult while on the ride.

### ASSUMPTION OF RISK AGREEMENT, RELEASE OF LIABILITY AND COVENANT NOT TO SUE

#### IMPORTANT!!

#### PLEASE READ CAREFULLY BEFORE SIGNING

I realize that the One Helluva Ride ("OHR") involves bicycling, which can be a HAZARDOUS activity. There are many dangers and risks associated with bicycling including, but not limited to, injury or death resulting from collision with pedestrians, vehicles, other cyclists, and fixed or moving objects; dangers arising from surface hazards such as pot holes or poor road conditions, equipment failure, inadequate safety equipment; conditions stemming from weather; the negligence of myself or others, and trauma or injury arising with the stresses caused by physical exertion. I recognize that bicycling requires physical conditioning and I represent that I am in sound physical condition and that I have no physical or medical condition that would endanger either others or myself.

I understand that OHR is conducted over public roads and facilities open to the public and upon which the hazards of traveling are to be expected. I acknowledge that the AABTS has no responsibility for the condition or maintenance of the roads or facilities upon which OHR is conducted. I agree to accept responsibility for the condition of my bicycle and **I agree to wear an ANSI, Snell, ASTM or CPSC-approved helmet** while on my bicycle during OHR. I understand that a bicyclist is granted the same rights and is subject to all of the duties applicable to the driver of a motor vehicle under Michigan law. I agree to abide by those laws and to practice courtesy and safety while cycling.

I agree, as a consideration of, and in consideration for, being a participant in OHR, to freely and expressly assume and accept any and all risks of injury or death to the rider, or property loss or damage, including injury, death, loss or damage attributable to the negligence of the Ann Arbor Bicycle Touring Society ("AABTS") and its sponsors, promoters or affiliated organizations, and their respective agents, directors, officers, volunteers and employees (the "Released Parties").

I also agree to release and forever discharge the Released Parties from any and all responsibility or liability for injuries or damages that result, either directly or otherwise, from my participation in OHR, or the participation of the minor on whose behalf I am signing this Release. I agree not to make a claim against or sue the Released Parties for injuries or damages relating to bicycling or any other activities related to OHR. I further agree to indemnify and hold harmless the Released Parties for all expenses incurred due to my participation in OHR (or the participation of the minor on whose behalf I am signing this Release), including medical and legal or other expenses, and hold harmless all other participants, even if it is the negligent acts of others that caused the injury or death, loss or damage.

If I am injured or become ill, I consent to and authorize the provision of emergency first aid or medical treatment and I agree to be solely responsible for any costs related to such first aid or treatment.

I further agree to allow all photographs, video and/or any digital images reproduced in association with OHR to be used in any way by AABTS, and release all claim to rights in and to those images. I permit the AABTS or other Released Parties to re-use, publish, and republish photographs or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction.

I am aware that this is a release of liability and a contract between myself and the AABTS and I am signing it freely and of my own accord and I recognize and agree that it is binding upon myself, my heirs and assigns, and in the event that I am signing it on behalf of any minors, I have full legal authority to do so, and realize the binding effect on this contract on them, as well as on myself. In this Release, the use of personal pronouns such as "I," "me," and "my" shall be deemed to include any minor on whose behalf I am signing it.

**I, THE UNDERSIGNED, HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AGREEMENT, RELEASE OF LIABILITY AND COVENANT NOT TO SUE. I FULLY UNDERSTAND AND AGREE TO ITS CONTENTS.**

Print Name \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Signature of Entrant: \_\_\_\_\_ July 8, 2017

Signature of Parent or Guardian: \_\_\_\_\_ July 8, 2017  
(if entrant is under 18)