

**Pre-Ride Registration Form for  
One Helluva Ride (OHR) July 12, 2008**

**Mail ins must be postmarked by July 01, 2008.** One rider per form, please—photocopies accepted. Enclose a stamped, self-addressed envelope if you wish confirmation.

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

Portage Lake check-in:

- 15-mile       30-mile       Fat Tire

Chelsea Fairgrounds check-in:

- 39-mile    63-mile    76-mile    100-mile

**Check List:**

- Include emergency contact name and phone.
- Read and sign *Assumption of Risk Agreement* below after filling out form completely.
- Make check or money order payable to: **AABTS**
- Mail to: **AABTS-OHR, PO Box 1263, Ann Arbor, MI 48106**

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

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

	<b>Adult</b>	<b>Minor (7-17)</b>				
Early Bird	17.00	12.00 <small>(under 7 free)</small>	\$ _____			
<b>(postmarked by June 1, 2008)</b>						
Regular	20.00	12.00	\$ _____			
<b>(postmarked by July 1, 2008)</b>						
AABTS Member	-1.00	-1.00	\$ _____			
<b>(postmarked by July 1, 2008)</b>						
<b>Official 2008 OHR Apparel</b>						
<b>Order must be postmarked by 06/01/08.</b> Registrations with late orders will be returned to sender.						
Write quantity and figure cost						
<b>T-shirts @ \$12.00 each</b>						
sm	med	lg	xl	xxl	\$ _____	
<b>DeFeet socks @ \$7.00 pair</b>						
sm (w 6-8)	med	lg	xl		\$ _____	
<b>Ball Caps @ \$15.00 each</b>						
_____					\$ _____	
<b>Jerseys @ \$50.00 each</b>						
sm	med	lg	xl	2xl	3xl	\$ _____
I am not riding. Please ship merchandise to me after the ride (\$5.00)						\$ _____
<b>Total Enclosed (No Refunds)</b>						\$ _____
	<b>Adult</b>	<b>Minor (7-17)</b>				
Day of Ride	30.00	12.00				\$ _____

**Please Print Clearly**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ AABTS Member \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

**Read and SIGN Assumption of Risk Agreement below**

**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 permitted to participate 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.

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 document, 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Minor \_\_\_\_\_ Age of Minor \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

**REPEATING CHECK LIST:**

Read and sign release after filling out form completely.

Make check or money order payable to : AABTS

Mail to : AABTS-OHR, PO Box 1263, Ann Arbor MI 48106