

Ada Rotary Family Fun Ride



Medical
Equipment and
Supplies Abroad
Foundation, Inc.

Rider Registration Form

Come join Ada Rotary for a fall fun ride! This event is planned as a casual and fun ride along the bike trail from Ottawa-Metro Park to Heritage Park (and return) to raise funds to assist MESA in sending medical equipment and supplies to areas in need.

When: October 26, 2019 from 9:00 a.m. to Noon

Where: Ottawa-Metro Park, 2632 Ada Rd, Lima, OH

Registration: 8:00 a.m. to 10:00 a.m., Ride: 9:00 a.m. to 12:00 Noon

Please print both pages, fully complete all three parts, sign and mail to:
Rotary Club of Ada, c/o Bob Ward, 123 S. Johnson Street, Ada, OH 45810

PART ONE: Identification and Emergency Contact Information

Name _____

Street _____

City/State _____ Zip _____

Phone _____ Email _____

I am a member of the Rotary Club of _____

I am a Non-Rotarian

IN CASE OF EMERGENCY CONTACT:

Name / Relationship _____

Phone _____ Alt. Phone _____

PART TWO: Rider Fee

Adult, 18 and over (\$20 on or before Oct. 15, \$25 after Oct. 15)

Child, under 18 (\$7)

Additional donation for District 6600 MESA \$ _____

Total Due: _____ (Rider fee + additional donation, make checks payable to Ada Rotary Club)

Go to PART THREE on page 2 - Waiver to complete your registration

PART THREE: Waiver and Signature

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION ON OF RISK, AND INDEMNITY AGREEMENT: IN CONSIDERATION of being permitted to participate in any way in Ada Rotary Family Fun Ride in support of M.E.S.A. Awareness & Support ("Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. 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. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

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 Activity, the condition in which the Activity 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 participation or that of the minor in the Activity.

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 participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (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 _____

Or Minor's Name (under 18) _____

And Parent or Guardian Signature _____ Date _____

Complete and Return to: Rotary Club of Ada, c/o Bob Ward, 123 S. Johnson Street, Ada, OH 45810