**ROTARY DAYS**

**2015 Charity Bicycle Ride**

**May 30, 2015**

**Along the Western Reserve Greenway Trail**

**In Ashtabula and Trumbull Counties**

Registration Form

Rotary Clubs of Ashtabula/Trumbull Counties, Inc. and participating First Responder organizations (Fire and EMS) are sponsoring ROTARY DAYS 2015 Charity Bicycle Ride / Walk, May 30, 2015.

One registration form is required per participant or family.

I Plan to: \_\_ Ride \_\_ Walk

Last Name First Name (include the names of each family member, you may use the back or a separate sheet of paper)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

T-shirts will be provided to all pre-registered participants. Those registering on race day will receive shirts on a first-come first-served basis.

Available sizes are:

YOUTH: S M L ADULT: S M L XL XXL (Circle One)

PAYMENT \_\_ Pre-registration $30.00 {nonrefundable} Due by May 1st, 2015

\_\_ Family (of four or more) $100 total

\_\_\_ Same Day Registration $40.00 per person.

Make Checks Payable and mail to:

Rotary Club of Rock Creek/Grand Valley

P.O. Box 365, Orwell, OH 44076

WAIVER: I hereby declare, assert and affirm that participation in the Rotary Day Bicycle Ride / Walk is done having voluntarily and knowing assumed ALL RISKS involved in this Event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE and RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur. Against all participating agencies involved in the above stated Event, specifically Western Reserve Greenway Trial, Rotary International and/or any of the participating member Clubs or First-Responder organizations, their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the above Event. I also understand that I do hereby WAIVE any and all rights or benefits under the State of Ohio Worker's Compensation laws for any injury incurred as a result of my participation in this Event, including disregard of the posted route.

Print Name Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant, Parent /Legal Guardian must sign if participant

is under the age of 18.

Under Age Signature. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Send your completed form to: Rock Creek/Grand Valley Rotary, P.O. Box 365, Orwell, OH 44076

For questions please contact: Jack @ 440-352-3249 /Rick @ 440-781-7414 /Tyler@440-813-4365