



Medical  
Equipment and  
Supplies Abroad  
Foundation, Inc.

# Rider Registration Form

Please fully complete all four parts, print both pages and mail to address below.

**May 31, 2018 to June 5, 2018**

## PART ONE: Identification and Emergency Contact Information

Name \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I am a member of the \_\_\_\_\_ Rotary Club \_\_\_\_\_ I am a Non-Rotarian

IN CASE OF EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_

## PART TWO: What Day(s) Are You Riding?

Check below which days you plan to ride and if lodging is needed. ***No shuttle service.*** Be sure to read the rider information on the website (<http://www.rotarymesa.org/riders.html>) regarding the tour before completing this part.

DAY	DATE	ACTIVITY	PARTICIPATE Yes/No	NEED LODGING
Bonus Event	5/31	Toledo Ride	_____	_____
Event	5/31	Kick Off Party in Sandusky	_____	_____
DAY	6/1	Sandusky to Bucyrus	_____	_____
DAY	6/2	Bucyrus to Marion	_____	_____
DAY	6/3	Marion to Mansfield	_____	_____
DAY	6/4	Mansfield to Ashland	_____	_____
DAY	6/5	Ashland to New London	_____	_____

## PART THREE: Rider Fee Pledge

**I pledge to raise or donate for the M.E.S.A. Bike Tour the following:**

Weeklong Riders: Minimum \$500.00 for the week

Day Riders: Minimum \$50.00 for the day

Number of days @ \$50 = \$ \_\_\_\_\_

PLUS any overnight stays @ \$50 = \$ \_\_\_\_\_

**My Total Pledge: \$ \_\_\_\_\_ Signature \_\_\_\_\_**

**Go to PART 4 - Waiver to complete your registration**

## PART FOUR

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION ON OF RISK, AND INDEMNITY AGREEMENT: IN CONSIDERATION of being permitted to participate in any way in **M.E.S.A.** Bike Tour sponsored Bicycling Activities ("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 \_\_\_\_\_

Please complete all four parts above and mail to:

**M.E.S.A. RIDER**  
**1618 Buckland Avenue**  
**Fremont, OH 43432**