



GOBA Registration Form - 2012

Only One Participant per Form (copy form as needed). All applications must be **received by May 16, 2012** (not postmark). All participants must register, including non-biking ones. \$47 Fee for refunds. See deadlines below for correct fees for **Adult** and **COP Member**. No refunds after May 16, 2012. Registrations are non-transferable.

➡ Incomplete or improperly filled-out applications will be returned without being processed. Each registrant must read, agree with, sign & date the Liability Waiver and Indemnification Agreement. **Please Print Legibly.**

First Name: _____ Last Name: _____ Ham radio operator? Call sign: _____

Address _____

County _____ City _____ State _____ Zip _____ Country _____

Evening Phone (_____) _____ Daytime Phone (_____) _____

No. of **previous** GOBAs ridden (0-23): _____ Male or Female: _____ Age: _____ Email: _____

Emergency Contact (not on GOBA): Name: _____

Emerg. Contact Day Phone: (_____) _____ Evening Phone: (_____) _____

On GOBA with (print name + relationship): _____ Cell: (_____) _____

Yes, I want the "web-pub" for the **GOBA Digest** (in May) on **goba.com** (instead of paper copy in the mail).

Yes, I am planning on participating in the GOBA Bicycle Parade, Saturday evening, June 16, 2012.

Biking Participant or Non-biking Participant

➡ **GOBA Registration Fees** (fees do not include food, t-shirt, some activities)

_____ Postmark by December 31, 2011... **\$190**: Adult, Age 16 & over **OR** **\$180** Columbus Outdoor Pursuits member

_____ Postmark January 1- April 30, 2012... **\$210**: Adult, Age 16 & over **OR** **\$200** COP member

_____ Postmark May 1, 2012 til deadline... **\$225**: Adult, Age 16 & over **OR** **\$215** COP member
(COP Membership No. _____)

_____ Children 6-15, accompanied by responsible adult = **\$90**

_____ Children 5 and under, accompanied by responsible adult = **Free**

_____ Car Camper Pass = **\$40** ...Deadline: 5/16/12. Driver/passengers must also register & pay Adult/Child Fees. Pass is not needed to leave car in Hillsboro.)

\$ _____ **Total Registration Fee Enclosed**

\$ _____ **Donation**

➡ **Raffle for GOBA Rider #24** (For details, see www.goba.com/registration):

\$ _____ **Total enclosed** (number of chances _____ x \$ 5) Entries must be postmarked by April 15, 2012.

➡ **Merchandise** (all prices include tax, shipping)

_____ No. of **Jade Green t-shirts** x **\$18**.....circle size(s): s m l xl 2x 3x

_____ No. of **Rust t-shirts** x **\$18**.....circle size(s): s m l xl 2x [No 3x

_____ No. of **Jerseys** x **\$55** [See goba.com/merchandise]circle size(s): xs s m l xl 2x 3x 4x

_____ No. of **PhotoDVD-2012** x **\$28** [See goba.com/photos for details]



\$ _____ **Total merchandise cost enclosed**

➡ \$ _____ **TOTAL PAYMENT** (fees + donations + raffle + cost of shirts, jersey, PhotoDVD)

Note: \$40 charge for bad checks

PAYMENT METHOD:

By check, money order: *only in U.S. dollars & drawn on U.S. bank.* Make payable to **The Great Ohio Bicycle Adventure**



Have you...

- Signed and dated the Liability Waiver (on next page)?
- Filled out the registration form completely?

- Checked for deadlines and correct fees?
- Signed and enclosed your check?
- Put correct postage on envelope?

Mail to: GOBA-REG, 1525 Bethel Rd., Ste. 100, Columbus, OH 43220

Columbus Outdoor Pursuits - Liability Waiver, Indemnification Agreement, Permission to Provide Medical Treatment and Publicity Release

Read before signing.

Each applicant must sign a separate Liability Waiver. Your registration will not be processed unless this is signed and dated.

In signing this agreement for myself or for the named participant (if the participant is under age 18), I know that those participating in The **2012** Great Ohio Bicycle Adventure (GOBA) will be exposed to the risks of serious bodily injury, sickness, death, or loss of property due to the circumstances inherent in this event including the negligent acts or omissions of others. I also understand and am aware that there are a variety of specific risks and dangers inherent in a voluntary bicycling event such as GOBA including, without limitation, falls, collisions with other bicyclists, motor vehicles or stationary objects; adverse weather conditions; and those caused by conditions of the road. I also understand that by participating in GOBA I will be riding my bicycle on public roads with many other bicyclists, some of whom may be inexperienced at riding in groups. I also understand that the large number of bicyclists in GOBA many of whom are inexperienced, adds a further element of danger.

I understand that during GOBA I may suffer serious bodily injury, sickness, or death, while walking or travelling via bus or other motor vehicle or boat, due to my own carelessness or because of the negligence of others. I further understand that I may be exposed to these same risks while engaged in other voluntary activities such as dancing, swimming, and dining during GOBA. I understand as well that I will be camping outdoors during GOBA and that this necessarily involves being exposed to the elements including the risk of unpredictable and possibly dangerous weather conditions such as severe or violent thunderstorms, rain, hail, lightning, wind, and tornadoes either during the day or at night.

In exchange for being permitted to participate in GOBA I voluntarily agree to assume all of these and the other risks inherent in GOBA.

I acknowledge that I (or the participant for whom I sign if under age 18) am physically capable and sufficiently trained for the completion of this event. I also attest that the equipment used by me (or the participant for whom I sign if under age 18) has been inspected by me and is in good mechanical condition and that I am familiar with its proper use. I am also aware that medical support for this event will be provided by volunteer and other personnel who may be called upon to provide assistance, including first aid, to me during the event. I consent and authorize any such volunteer to assist me (or the participant for whom I sign if under age 18) or to perform such assistance as, in the opinion of such person, may be necessary or appropriate. I understand further that any such medical or other services provided to me (or the participant for whom I sign if under age 18) is not an admission of liability to provide or to continue to provide any such services and is not a waiver by any of said parties' rights under this agreement.

I understand that Columbus Outdoor Pursuits assumes no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any official of Columbus Outdoor Pursuits relative to my ability to safely participate in this event. I further promise to wear a CPSC, ANSI, SNELL, or ASTM approved bicycle helmet at all times while riding my bicycle during GOBA and I agree to waive my rights to any benefits associated with this event if I fail to wear such a helmet while on my bicycle.

Having read this waiver and knowing these facts and in consideration of Columbus Outdoor Pursuits' acceptance of my application for participation in GOBA, I, for myself and anyone entitled to act on my behalf, do hereby agree to release, hold harmless, and discharge Columbus Outdoor Pursuits, all sponsors, representatives (including event volunteers), any involved municipalities or other organizations and the boards, trustees, officers, employees of any of them, from any and all claims or liabilities of any kind arising out of my participation in GOBA even though that liability may arise out of negligence, recklessness, or carelessness on the part of the persons or entities named in this waiver.

I also grant permission to Columbus Outdoor Pursuits and its sponsors to use any photographs, motion pictures, recordings or any record of my participation in GOBA for legitimate purposes.

I further agree to indemnify and to hold harmless the persons and entities listed in this agreement for any liability they incur to me, a member of my family, or the participant in connection with GOBA.

I further agree that if, in breach of this agreement, I institute any judicial proceedings against any of the persons listed in this agreement in connection with GOBA, I shall bring them in the Common Pleas Court of Franklin County, Ohio, or in the United States District Court for the Southern District of Ohio, located in Columbus, Ohio, and I consent to personal jurisdiction in those courts. I further agree that, if in breach of this agreement, I institute any such proceedings, I am responsible for all costs and attorneys fees of any person or entity against whom I institute such proceedings.

I confirm that the named participant below will have reached at least his/her 2nd birthday by June **16, 2012**, if he/she will be pulled by or riding on a bicycle on GOBA.

HAVING READ AND UNDERSTOOD THIS AGREEMENT, I VOLUNTARILY AND KNOWINGLY SIGN IT.

Participant: Print your name above

X

Participant: Sign & date above

Date

For Participants Age 15 and under: Have accompanying Adult print name above

For participants under age 18, CUSTODIAL PARENT OR LEGAL GUARDIAN MUST SIGN BELOW

CONSENT AND RELEASE OF CUSTODIAL PARENT OR LEGAL GUARDIAN

X

Signature of Parent or Guardian

Date

Print Name of Parent/Guardian