



# TOSRV2010

## ENTRY FORM

May 8-9

- Both sides of form must be filled out ■ Copies of entry form are acceptable but must include signed liability release
- One rider per entry form ■ Forms must be postmarked by April 10, 2010 ■ PLEASE PRINT LEGIBLY

● Participant's Last Name			First Name			Telephone (    )		
Street Address							Age*	Number of previous TOSRVs ridden
City				State	Zip/Postal Code		Gender	Male <input type="checkbox"/>
								Female <input type="checkbox"/>

\*Riders under the age of 13 must be accompanied by a riding adult at all times.

**Route Options:**  
(Check One)

**Full TOSRV**  
Columbus-Portsmouth-Columbus (200 Miles)

**Half TOSRV**  
Chillicothe-Portsmouth-Chillicothe (100 Miles)

### Basic Liability Waiver, Indemnification Agreement, Permission to Provide Medical Treatment & Publicity Release

In accepting this agreement for myself or for the named participant (if under the age of 18), I know that those participating in the Tour of the Scioto River Valley (TOSRV) will be exposed to the risks of serious bodily injury, sickness, or death due to circumstances inherent in this event, including the negligent acts or omissions of others. I understand and am aware that there are a variety of specific risks and dangers inherent in a voluntary bicycling event such as TOSRV, including, without limitations, falls, collisions with other bicyclists, motor vehicles, or stationary objects; adverse weather conditions; and those caused by conditions of the road, such as broken pavement, railroad crossings, and road crossings. I further understand that by participating in TOSRV I will be riding my bicycle on public roads with many other bicyclists, some of whom are inexperienced at riding in large groups, and that the large number of riders in TOSRV add an element of dangerous and unpredictable behavior. In exchange for being permitted to participate, I voluntarily agree to assume all of these risks inherent in participating in TOSRV.

In acknowledgement that I (or the participant for whom I accept, if under the age of 18) am physically capable and sufficiently trained to complete this event. I also attest that the equipment used by me (or the participant for whom I accept if under the age of 18) has been inspected and is in good mechanical condition, that I am familiar with its proper use, and that I will be financially responsible for any loss or damage to that equipment or for personal injury or death resulting from its use.

I am aware that medical support will be provided by volunteer and other personnel who may be called upon to provide assistance, including first aid during this event. I consent and authorize any such personnel to assist me (or the participant for whom I accept, if under the age of 18) or perform such assistance, if in the opinion of such personnel, such care is deemed necessary and appropriate. I understand further that any such medical or other services provided is not an admission of responsibility to provide any such services and is not a waiver by any said parties rights under this agreement.

I understand that Columbus Outdoor Pursuits and TOSRV assume no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any official, relative to my ability (or the participant for whom I accept, if under the age of 18) to safely participate in

this event. I further promise to wear a CPSE-approved helmet at all times while riding my bicycle during TOSRV and I waive my rights to any benefits associated with TOSRV if I fail to wear such a helmet while on a bicycle.

Having read this waiver and knowing these facts and in consideration of Columbus Outdoor Pursuits' and TOSRV's acceptance of my application for participation in TOSRV, I, for myself and anyone entitled to act on my behalf, do 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 TOSRV 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, TOSRV, and its sponsors to use any photographs, motion pictures, recordings or any other record of my participation in TOSRV for legitimate purposes.

I further agree to indemnify and to hold harmless the persons and entities listed in this agreement for any liability that may incur to me, a member of my family, or the participant for whom I accept if under the age of 18, in connection with TOSRV.

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 TOSRV, I shall bring them in the Common Pleas Court of Franklin County, Ohio, or in the United States District Court of 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 such proceeding, I am responsible for all costs and attorney's fees of any person or entity against which I institute such proceedings. I further confirm that all of my children who will be participating in TOSRV will have reached at least their second birthday by May 8, 2010, if he/she will be pulled by or riding on a bicycle on TOSRV.

HAVING READ AND UNDERSTOOD THIS AGREEMENT, I VOLUNTARILY AND KNOWINGLY ACCEPT IT

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

Participant's Name: (Please Print)	Participant's Signature: <b>X</b>	Date:
Parent/Legal Guardian's Name: (If Participant is under 18)	Parent/Guardian's Signature: <b>X</b>	Date:

Continued on side two

# TOSRV2010 ENTRY FORM

# SIDE TWO

www.tosrv.org

Continued from side one:

<b>Entry Fee</b>	Full TOSRV Registration (200 Miles) Columbus - Portsmouth - Columbus. Prior to 3/15/10 <b>\$47</b>										\$
	Half TOSRV Registration (100 Miles) Chillicothe. - Portsmouth - Chillicothe. Prior to 3/15/10 <b>\$47</b>										\$
	TOSRV Late Registration Fee (Add this fee if your entry is postmarked after March 15, 2010) + <b>\$10</b>										\$
Columbus Outdoor Pursuits Membership Discount (Membership # _____) - <b>\$10</b>											\$
<b>COP Membership</b> (Optional)	Columbus Outdoor Pursuits Membership: (Circle appropriate category) Youth (15-17 years) <b>\$15</b> , Adult <b>\$30</b> (renewal <b>\$25</b> ), Family <b>\$45</b> (renewal <b>\$35</b> ), Senior (55 years & up) <b>\$20</b>										\$
<b>Fees Sub Total</b>											\$
<b>Merchandise</b> <i>Must order before 4/15/10</i> Prices include sales tax.	Indicate quantity by size:	XS 30-32	S 34-36	M 38-40	L 42-44	XL 46-48	XXL 50-52	XXXL 54-60	Total ordered	Times price	
	TOSRV2010 T-Shirt									<b>\$10 each</b>	\$
	TOSRV2010 Jersey									<b>\$50 each</b>	\$
<b>Merchandise Sub Total</b>											\$
Optional Donation (COP is a non-profit 501(c)(3) organization and donations are tax deductible by ruling of the IRS)											\$
Sag Crew Registration (access to the food stops and overnights only) \$10 each.....											\$
<b>Grand Total</b> .....											\$

- **PLEASE DO NOT SEND CASH**
- Make checks out in U.S. funds to: Columbus Outdoor Pursuits.
- Make sure BOTH SIDES of the entry form are completed and signed.
- Include a self-addressed, stamped (44 cents), #10 business-sized envelope.
- Allow six weeks for processing.
- Refund requests will be accepted until April 10, 2010. The refund processing fee is \$10.00.
- Applications will not be accepted if postmarked after April 10, 2010.
- Merchandise may be ordered without registering for TOSRV2010.
- Mail completed entry forms to:

**TOSRV2010, P.O. Box 16003, Columbus, Ohio 43216-6003**

## Portsmouth Saturday Night Accommodations

I have my own accommodations

or, I would like (check one):

Co-ed gym space

Men's gym space

Women's gym space

Stadium camping

### Check List:

- Sign the release on side one
- Parent/Guardian signs for riders under 18
- Check all math
- Enclose your check
- Enclose stamped (44 cents), self-addressed envelope

porterwright



Columbus Outdoor Pursuits

Very Good things are happening here  
Southern Ohio Medical Center