

Fall-N-Leaf 31th Annual Bicycle Tour

October 11, 2009, 9:00 am

Contact: Terry White, email: Twhite51952@aol.com

Phone: 419-884-8761 or 419-545-3946

All riders must be on the road by 10:00am.

Start:

Comfort Inn, 4 miles south of Mansfield, Ohio at the intersection of I-71 (EXIT 165) and St. Rt. 97

Distance: 37 miles/ 65 miles. Come enjoy the beautiful scenic area of southern Richland and northern Knox counties. Experience the Richland B&O bike trail and there are also some hills to challenge you. Bring a friend to enjoy the day with you also. This tour has been described by some of our bikers as " the most beautiful tour they did all year".

\$15.00 registration fee through September 30, \$18.00 thereafter.

Send check made payable to Mid Ohio Bikers, with your signed Waiver/Registration Form to:

Mid Ohio Bikers PO Box 844 Mansfield, OH 44901

Snack Stops: Two (2) + provided for the 37 mile Riders. Four (4) will be provided for the 65 mile riders. **Hot chicken sandwich included.**

Limited sag service provided by Best Bike Shop and the Y-Not Cycling & Fitness.

Please have your bike and yourself in condition to complete the route you choose. Remember October can have unexpected weather conditions, so be prepared! Please observe all traffic rules, and remember the local folks also have a right to the road.

Accommodations: Motels in the I-71 (exit 165) and St. Rt. 97 interchange area. Saturday, October 10th

Knights Inn--- (419-886-2292) Price-- \$55.00/night Including tax

Days Inn--- (419-886-3800) Price-- \$69.99/night plus tax

Comfort Inn--- (419-886-4000) Price--- \$120.00/night plus tax

Quality Inn--- (419-886-7000) Price--- \$98.96/night plus tax

Hostel:

Malabar Farm State Park, 419-892-2055, www.malabarfarm.org

Dorm Bed \$15-\$18, Private room: \$30-\$36

ALL RIDERS MUST WEAR A HELMET

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Waiver/Registration Form is below on page 2 PLEASE FILL OUT

Waiver/registration form/ must be signed

Fall-N-Leaf Bicycle Tour Sunday, October 11, 2009 9:00am

Mail to: Mid Ohio Bikers, PO Box 844, OH 44901, with check payable to Mid Ohio

Bikers Cost: \$15.00 through September 30. \$18.00 thereafter.

CHECK ONE: 37 MILES _____ 65 miles _____

Name (print) _____

Address _____

City _____ State _____ Zip _____

E-MAIL ADDRESS _____

LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB") RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any way in MID OHIO BIKERS ("Club") sponsored Bicycling Activities ("Activity") I, for personal representatives, my assigns, heirs, next of kin, and myself: ACKNOWLEDGES, 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 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 the Club, the LAB, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessees 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

I have read this release

Signature _____ Date _____

MINOR RELEASE if participant is under 18 years.

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of parent/guardian _____

Parent/Guardian Signature _____ Date _____