



**2014 Across Ohio Bicycle Adventure - XOBA**  
*re-Discovering the Cardinal Trail and Beyond*  
**Saturday, July 26<sup>th</sup> - Saturday, August 2<sup>nd</sup>, 2014**

Only one name per form (please photocopy as needed). Complete a copy of this form for each attendee.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**Circle Choice:**

**T-shirt Size:** S / M / L / XL / XXL

**Wristband size:** Small / Regular

**Will you be leaving a car at the end in the "Week Long Parking", for the week?** Y / N

**Will you be riding the bus from Petersburg to Indiana at the beginning of the week?** Y / N

**When provided, would you prefer vegetarian meals?** Y / N

**Do you plan to camp inside or outside?** Inside / Outside / Both / Other

COP Member - \$340 per person,  
 Membership # \_\_\_\_\_ (1234567)  
 Non-COP Member - \$360 per person  
 \*\*\*Postmarked after June 30th, \$400.00 (before July 15<sup>th</sup>)  
 \$ \_\_\_\_\_

Tent Service (Includes Towel & Chair) \$350.00  
 Double Occupancy is \$475.00 total  
 If Double Specify other \_\_\_\_\_ \$ \_\_\_\_\_

Towel Service \$25.00 \$ \_\_\_\_\_  
 Chair Service \$25.00 \$ \_\_\_\_\_  
 Towel and Chair Service \$40.00 \$ \_\_\_\_\_

Extra Map—\$4.00 each or 2 for \$7.00 \$ \_\_\_\_\_  
 GPS Downloads—\$5.00  
 \$ \_\_\_\_\_  
 Photo CD—\$10.00 each  
 \$ \_\_\_\_\_

Extra T-Shirt—\$13.00 Size: \_\_\_\_\_ \$ \_\_\_\_\_

Yearly Themed Jersey Size: \_\_\_\_\_ \$65.00 \$ \_\_\_\_\_  
 XOBA Bicycle Shorts Size: \_\_\_\_\_ \$75.00 \$ \_\_\_\_\_  
 XOBA Bicycle Bib-Shorts Size: \_\_\_\_\_ \$85.00 \$ \_\_\_\_\_

Registration fee includes:

- XOBA's Official Themed T-shirt
- XOBA commemorative wristband
- XOBA commemorative pin
- SAG support
- 1 boxed lunch on the bus ride
- at least 2 catered dinners,
- Baggage transport
- Expert Bicycle Mechanic
- Maps
- Marked Route
- Bus and bicycle transport from Finish to Start at beginning of the tour
- XOBA Digenst
- And many other items unique to each year

**TOTAL AMOUNT**  
 \$ \_\_\_\_\_

**Helmets are Mandatory!**



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*Additional information...*

- 15+ speed bicycle in **good working condition** is recommended.
- We strongly recommend carrying two water bottles.
- Have enough bags on your bike to carry items you will need/want during the day's ride (bike tools, extra tubes, patch kits, first aid, food, etc.)
- Do not bring valuables or items easily damaged by water.
- **Luggage is limited to two duffel bags (only duffels) which are not to exceed a total maximum weight of 50 lbs. per person.**  
All items must be inside these bags, and they must have the official XOBA baggage tags.  
Tags are available in your registration packet and from the Registration Table
- **The only exception is a bagged folding chair, which must also have a XOBA baggage tag attached.**
- **Bicycling helmets are required!** Make sure they are CPSC approved and properly adjusted to fit your head.
- Each rider must be in good physical condition and trained sufficiently for this event.
- NO Campfires are permitted, no cooking fires are permitted.

**Send check made payable to:** "Columbus Outdoor Pursuits" With this registration to:

**Mail To:**  
Columbus Outdoor Pursuits  
1525 Bethel Road  
Suite 100  
Columbus, Ohio 43220  
Attn: **XOBA #17 Discovery**

**Refund requests** must be sent by certified mail and be postmarked by June 1, 2014.  
There will be no refunds for any reasons after June 1, 2014.

A **\$75 processing fee** will be deducted from all refunds.

**Confirmation will be e- mailed a few days after receipt of registration.**

All children under 18 must be accompanied by an adult.

Your form will not be processed unless the waiver is signed.

Further details about the Across Ohio Bicycle Adventure can be found on our website,  
<http://www.Ride-XOBA.org>

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

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 2014 Across Ohio Bicycle Adventure (XOBA) 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 XOBA 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 XOBA I will be riding my bicycle on public roads with many other bicyclists, some of whom may be inexperienced at riding in groups.

I understand that during XOBA I may suffer serious bodily injury, sickness, or death, while walking or traveling 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 XOBA. I understand as well that I will be camping outdoors during XOBA 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 XOBA I voluntarily agree to assume all of these and the other risks inherent in XOBA.

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 volunteer and other personnel who may be called upon to provide assistance, including first aid, to me during the event, will provide medical support for this 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 and sponsors assume no responsibilities or liabilities 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 XOBA 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 XOBA, I, for myself and anyone entitled to act on my behalf, do hereby agree to release, hold harmless, and discharge Columbus Outdoor Pursuits, representatives (including event volunteers), volunteer staff, all sponsors, any involved municipalities or other organizations and the boards, trustees, officers, employees of any of them any and all claims or liabilities of any kind arising out of my participation in XOBA even though that liability may arise out of negligence, recklessness, or carelessness on the part of the person 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 a record of my participation in XOBA for legitimate purposes.

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

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 XOBA, 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 which I institute such proceedings.

I confirm that the named participant below will have reached at least his/her 2nd birthday by July 26th, 2014, if he/she will be pulled by or riding on a bicycle on XOBA.

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

Print Name of Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Participant (Custodial parent or Guardian if participant is under age 18) \_\_\_\_\_

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