



Cycle Canalway A-Z 2008 Registration & Waiver Form

Release: In consideration of your acceptance of this entry, I/we hereby, for myself, my heirs, executors, and administrators, waive, release and discharge Ohio Canal Corridor, Cuyahoga Valley National Park, Cleveland Metroparks and any additional hosts or sponsors of Cycle CanalWay A-Z and any agent, representative, or employee of the preceding, from any and all claims, demands or causes of action. I/we agree to indemnify and hold each of them harmless for any and all injuries suffered or alleged to be suffered in connection with such event.

I/we acknowledge the awareness of the complete assumption of responsibility for the risks involved in this event, and I/we understand the terms of this release. I/we am/are physically fit and have trained sufficiently to compete in this event. I hereby grant full permission to any or all of the foregoing to use any photographs, videotapes, motion pictures, recordings and/or other record of this event for any legitimate purpose. All entries are non-refundable. The organization reserves the right to refuse entries.

HELMETS ARE REQUIRED FOR ALL RIDERS.

First Name _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Email _____ Affiliation _____

Signature _____ Date _____ Sex _____
Don't forget to sign here. Applications will not be accepted without a signature here.

Parent/Guardian must sign if participant is under 18 years of age

Shirt Size (Circle only One): **Adult:** S M L XL XXL OR **Child:** Adult: S M L XL XXL

Ride Length (Please circle one): Legacy 23 Mile Ride Family Friendly 10 Mile Ride

----- Payment Information -----

ENTRY FEE: \$30 per person; (\$15 per child under age 12)

PAYMENT: (please check one) _____ Check _____ *MasterCard _____ *Visa _____ *AmEx _____ *Discover _____ Cash

Credit Card Number _____ Expiration Date _____

*Please note that credit card orders will be charged an additional \$2 per transaction

Print Name on Account _____ Signature _____

Please make checks payable to Ohio Canal Corridor and mail to:

Ohio Canal Corridor
PO Box 609420
Cleveland, Ohio 44109

Phone: 216-520-1825
Fax: 216-520-1833

Ohio Canal Corridor's mission is to create a park system that follows the route of the historic Ohio Canal from Cleveland through Zoar to Dover/New Philadelphia by promoting historic preservation and interpretation expanded recreational opportunities and sensitive economic developments.