

2021 Ox Roast Bicycle Tour

2021 Digital Registration & Waiver Form

Tour Date: Sept. 6, 2021
Start time: 6:30-9:00AM

near Garrette Park
West Jefferson, OH

IMPORTANT: fill out a separate registration for each person riding ("Entrant").

Entrant's Name (please print): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Area Code & Phone Number (_____) _____ Age _____ Sex _____

Entrant's E-mail Address _____

In Case of Emergency Call: (Name and Phone Number) _____

Check one: () 33-Mile Route () 66-Mile Route () 100-Mile Route

Safety Pledge and Release of Organizers: You must read and sign the following safety pledge and release.

Our primary concern is safety! For your safety, *helmets will be required.* Please obey all traffic laws and regulations. The route is along public roadways shared with private and commercial vehicles. I realize that the road surface may contain cracks, gravel, potholes, etc., which cannot be controlled by tour organizers. I will be observant and cautious as I share these public roadways with other cyclists and motorized vehicles. I will be courteous to other cyclists and will ride in a predictable and safe manner, keeping them informed of my intentions by using proper signals. I will give audible warning when passing other riders. I will not ride more than two abreast so that vision will not be impaired and vehicle traffic may easily pass. I will keep my personal safety and the safety of others always in mind. I understand that *pace lines are discouraged.* It is my personal responsibility to have myself and my equipment properly conditioned for a long distance tour! Riders under the age of 16 must be accompanied by a responsible adult at all times.

Upon signing this release for myself or the named entrant (when under 18 years old), I fully understand the intent of this release and agree completely and fully to absolve all sponsors, workers, and organizers, singly and collectively for all blame or liability for any injury, death, misadventure, harm, loss, property damage, or inconvenience suffered as a result of taking part in the tour including but not specifically limited to the failure to wear a helmet when cycling. By signing this release, I also consent to any medical treatment that may be deemed necessary or appropriate in the event of injury, accident, and/or illness during the event. *I fully understand and agree that my safety is my personal responsibility.*

If entrant is 18 or older, he/she must sign for themselves. If not, parent or legal guardian must sign.

I have read and fully and completely agree to the safety pledge and release of organizers and sponsors!

Signature of entrant: _____ Date: _____

Signature of parent or legal guardian if entrant is under 18 yr. old: _____

(By typing your first & last name above, you agree this constitutes your legal signature on this Safety Pledge & Release.)

*Digitally signed forms will be reviewed and, if there any concerns, you may be asked to complete and sign a hard copy version on the day of the Tour.

PLEASE NOTE:

Staff at will be onsite at the Bike Corral until 4:00 PM on the day of the Tour.

PANDEMIC SAFETY: Upon signing this release for myself or the named entrant (when under 18 years old), I acknowledge I/we have read the COVID-19 Symptom and Risk Assessment Form (below) and will honestly answer its questions on the day of the Tour. If I or the named entrant have any "yes" answers on Tour day, I/we agree to stay home to help protect others.





COVID-19 Symptom and Risk Assessment for Events and Activities

1. Have you been tested for COVID-19 and are waiting for test results?
2. Are you currently under quarantine because you were around a person who tested positive for COVID-19?
3. Have you been around anyone, including household members, in the last 2 weeks who has tested positive for COVID-19?
4. Do you currently have any of these symptoms of COVID-19?

Fever or chills

Cough

Shortness of breath

Difficulty breathing

Fatigue

Muscle or body aches

Headache

Loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

**If you answer yes to any of the questions above,
stay home and limit your exposure to other people.**