



Maumee Valley Adventurers Participant Sign-In Sheet and Waiver
 Return completed form to: Maumee Valley Adventurers, PO Box 352736, Toledo, Ohio 43635-2736

Event: _____ Leader _____ Date: _____ Time: _____

Member Sign-In

<u>#</u> <u>Print Name Clearly</u>	<u>#</u> <u>Print Name Clearly</u>	<u>#</u> <u>Print Name Clearly</u>
1. _____	10. _____	19. _____
2. _____	11. _____	20. _____
3. _____	12. _____	21. _____
4. _____	13. _____	22. _____
5. _____	14. _____	23. _____
6. _____	15. _____	24. _____
7. _____	16. _____	25. _____
8. _____	17. _____	26. _____
9. _____	18. _____	27. _____

Non-Member Sign-In

By signing below I agree: 1) That Maumee Valley Adventurers (MVA) and anyone associated with MVA will not be held responsible for losses, injuries, or death related to this activity. 2) That there may be a risk associated with this activity and I accept personal responsibility for that risk. 3) That it is my responsibility to know the laws which pertain to this activity and to follow those laws. 4) That I am physically fit to participate in this event. 5) That I will pay all reasonable costs relating to my participation in this event, including insurance costs, transportation, use of equipment and medical, if needed. 6) That I will wear an ANSI/Snell/CPSC-certified helmet while participating in any MVA bicycling activity.

<u>#</u> <u>Print Name Clearly</u>	<u>Signature</u>	<u>Address/City/State/Zip</u>	<u>Email</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____