Tour de Titan Bike Ride

A University of Wisconsin Oshkosh Homecoming 2009 Event

Student Recreation and Wellness Center
735 Pearl Ave., Oshkosh, Wis.
Saturday, October 17

Oshkosh Cycling Club

THE UNIVERSITY OF WISCONSIN OSHKOSH

Join the UW Oshkosh community in the Tour de Titan, a one-hour cruiser ride to promote a bike-friendly Oshkosh. Cyclists will depart from the UW Oshkosh Student Recreation and Wellness Center (SRWC) and finish at the Tent City pregame celebration on Josslyn Street, just south of the Oshkosh Sports Complex.

Registration: 8:30 a.m. • Ride begins: 10 a.m.

Helmets required. For more information, contact UW Oshkosh Alumni Relations at (920) 424-3449, SRWC at (920) 424-3047 or e-mail alumni@uwosh.edu.

Supporting a bike-friendly Oshkosh.

Tour de Titan Registration Form (please print)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

E-mail _____

Who are you?
☐ UWO Alumni ☐ Faculty/Staff ☐ Student ☐ Community Member

T-shirt Size Youth ☐ S ☐ M ☐ L ☐ XL
Adult ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ No shirt
The first 200 registrants will be guaranteed a T-shirt. Size is not guaranteed.
$10 per individual (includes T-shirt). $5 per individual (ride only, no T-shirt).

Advanced registration must be received by October 12, 2009. Advanced registrants will be entered into a drawing for prizes on the day of the event. Prizes also will be awarded for best vintage bike, most unique bike, best decorated bike and best costume.

A limited supply of bikes and helmets is available for rental on a first-reserved basis. Contact Xpeditions at (920) 424-1245 or Xpeditions@uwosh.edu.

Return completed forms and payment to:

UW Oshkosh SRWC
ATTN: Tour de Titan
735 Pearl Ave.
Oshkosh, WI 54901

Please make checks payable to the UW Oshkosh Foundation.

TOUR DE TITAN WAIVER

Agreement for Assumption of Risk, Indemnification, Release and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the Tour de Titan Bike Ride, sponsored by the University of Wisconsin Oshkosh. I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT Christine Gantner at (920) 424-0625.

Assumption of Risks:
I understand that the Tour de Titan, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or illness. I am aware of the risks of participation, which include, but are not limited to, minor injury, such as bruises, contusions, broken bones, concussion, and catastrophic injuries, such as paralysis and even death. I understand that UW Oshkosh has advised me to seek the advice of my physician before participating in the above-listed activity. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by UW Oshkosh, the Board of Regents of the University of Wisconsin System, or the State of Wisconsin (collectively, the "Releasees"). I know, understand and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature:_____ Date: _____

Signature of Parent or Guardian (If participant is under 18):

_____ Date: _____

Hold Harmless, Indemnity and Release:
In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Releasees and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury or death, which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Releasees, and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Signature:_____ Date: _____

Signature of Parent or Guardian (If participant is under 18):

_____ Date: _____

Consent for Emergency Treatment:
I authorize UW OSHKOSH and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature:_____ Date: _____

Signature of Parent or Guardian (If participant is under 18):

_____ Date: _____