

THANK YOU SPONSORS!

cyclistconnection
"YOUR RIDE STARTS HERE"



Groveport Recreation Department

7370 Groveport Rd.
Groveport, OH 43125
614-836-1000
www.groveportrec.com

**2ND ANNUAL,
JOE NEWLAND
MEMORIAL BIKE RIDE**




groveport
Recreation Center

ROUTES

Route options are 10-miles and 25-miles. All routes are on the Blacklick Creek and Alum Creek Multi-Use Trails.

Please follow all trail rules, including: Ride on the right side of the trail, and notify others when passing.



RACE DETAILS

On February 13, 2018, Joe Newland, a personal trainer at the Groveport Recreation Center, lost his life to cancer. Joe was and continues to be an inspiration for many who workout at the GRC. We invite you to ride with us in remembrance of Joe and his passion for fitness. All profits will be donated to Pelotonia in honor of Joe.

Date: June 8, 2019

Time: 9:00 a.m.

Location: Cruiser Park (4677 Bixby Rd)

Fee: \$10

Post Ride: Gather at Paddock Pub (sponsoring restaurant) after the ride for food and drinks!

Registration: **Pre-register by 5/31 to guarantee a shirt.** Registration thru 6/7 available in-person at the GRC or online, groveportrec.com. Race day registrations accepted at Cruiser Park.

Questions: Amy Van Huffel
Sports & Fitness Manager
614-836-1000 ext. 1505
avanhuffel@groveport.org



REGISTRATION

Name: _____
Address: _____
Home #: _____ Cell: _____
Date of Birth: _____
Email: _____
Emergency Contact Name: _____
Emergency Contact Phone #: _____

Route (circle one)
10-Mile 25-Mile

T-Shirt Size (circle one): Reg. by 5/31 to guarantee shirt
S M L XL 2XL 3XL

LIABILITY RELEASE & INDEMNIFICATION AGREEMENT:

In signing this release for myself and for any named immediate minor (under 18 years of age) family member, I acknowledge & understand that the participant will be exposed to risks of serious bodily injury, sickness or death due to circumstances inherent in the COG facilities, activities and programs, including the negligent acts or omissions of others. In exchange for being permitted to participate, I/we voluntarily agree to assume all risks inherent in participating in such activities, programs & facilities. I acknowledge that I/we have no physical limitations or disabilities of any kind which would restrict participant from participating. I agree to make City staff aware of any special accommodations that may be needed at the time of registration and I agree to note such accommodation on said form. Despite these risks, I agree to hold harmless and release the City of Groveport, its boards & council, officers, officials, employees, volunteers and other representatives from all claims of liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage and economic loss, arising from participant's use. Participant agrees to follow all facility, activity or program rules, and realizes that his/her right to participate may be terminated by the City at any point in time for not adhering to said rules. I do hereby grant and give these groups the right to use my/my child's photograph or image, with or without my/my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to private or public presentations, publicity & promotion relating hereto. The City reserves the right to rule on any matter not specifically covered and to change policies as necessary. I understand that any information provided may be subject to Ohio Public Records Law.

Signature _____

Date _____