



## Mohican MTB 100 Waiver

Please print all information except signature to allow for more accurate records

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

DATE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### WAIVER

I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, voluntarily assume all risks of accident or injury and release and forever discharge the State of Ohio, Ohio Department of Natural Resources, and its employees, officers and agents, from any and all liability for personal injury or property damage of any kind sustained at Mohican State Park and/or Mohican Memorial State Forest during the **Mohican MTB 100** event held on **May 16, 2026** whether such personal injury or property damage is caused by negligence of the State of Ohio, Ohio Department of Natural Resources, or its employees, officers, or agents or otherwise. I further covenant and agree to indemnify and hold harmless the State of Ohio, and the Ohio Department of Natural Resources, its employees, officers, and agents, from all loss and expense, including but not limited to, damages, legal expenses, and cost of defense, in any manner arising from my use of the State Park and/or State Forest.

\_\_\_\_\_  
Participant (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant (name printed  
legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or legal guardian  
(signature) if participant is under 18 years of  
age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or legal guardian (name  
printed)

\_\_\_\_\_  
Date