



Annual Meeting & Expo

Swap Meet Packet

Date	January 29, 2012
Location	MSU Pavilion 4301 Farm Lane East Lansing, Michigan 48824
Time	9:00 a.m. to 3:00 p.m. Swap meet participants set up at 8:30 a.m.
More info	www.mmba.org



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Schedule

The following schedule is tentative. Please check www.mmba.org for updates.

Sunday, January 29, 2012

8 a.m.	Expo and Setup
8:30 a.m.	Swap Meet Setup
9 a.m.	Expo Opens
9 a.m. to 2 p.m.	Concessions; pizza may be ordered from Union Pizzeria (517) 884-0375, no delivery charge
9:30 to 11:00 a.m.	State Board Meeting
9 a.m. to 1 p.m.	Silent Auction
9 a.m. to 1 p.m.	Swap Meet
10:00 a.m.	Championship Points Series (CPS) Awards
11:00 a.m.	First Across the Finish Line (FAFL) Awards
1:00 p.m.	Keynote Speaker: Bobby McMullen
3 p.m.	Expo closes
3 p.m.	Cocktail hours, location to be determined

The Way Bobby Sees It

Film & Talk by Bobby McMullen



The Way Bobby Sees It is a gripping documentary about Bobby McMullen, a competitive mountain biker on a mission to race the most demanding downhill course in the country. Adding to the difficulty: Bobby is blind.

With the help of a guide and a rigorous training schedule, Bobby is determined to race his bike down a course riddled with obstacles and flanked by steep, life-threatening cliffs. But, the racecourse isn't the only challenge in Bobby's life. Between thrills, spills and jaw dropping helmet camera footage, we see how Bobby uses humor,

**"An hour of utterly compelling viewing that will have you in agonizing, nail-biting anticipation."
—Spoke Magazine**

determination, and unshakeable optimism to battle adversity—both on and off the bike.

This special showing includes an audio description for people with visual impairments as well as captioning for those with hearing difficulty.

The film will be followed by conversation with Bobby. Don't miss this chance to hear his amazing and inspiring story!

About Bobby McMullen

Bobby McMullen is an extreme athlete from Northern California who remains competitive despite being diagnosed with Type 1 Diabetes at age 12, the loss of his vision, years of dialysis, two double transplants (kidney/pancreas), and having broken more bones than he can list. In spite of challenges that would take most people out, Bobby lives life full-on. He is a passionate extreme sport competitor—a tenacious adrenaline junkie who competes alongside fully-able racers. Bobby is a nominee for induction to the Mountain Bike Hall of Fame—not bad for a blind guy.

Bobby has been a champion alpine skier (he competed in the 1998 Nagano Paralympics), though his current "life support" is the mountain bike. He embraces life with optimism and humor that is contagious, and imparts that enthusiasm to audiences worldwide. He is a blind, two-time double transplant recipient, mountain bike racer, alpine ski paralympian, motivational speaker, and an Athletes with Disabilities National Hall of Fame inductee.

Check him out at <http://www.RideBlindRacing.com>





Swap Meet Application

Table rental is **\$20 per table**. Participants must register by January 6. The swap meet will be held during the Annual Meeting & Expo at the MSU Pavilion on January 29, 2012 from 9 a.m. to 1 p.m. Swap meet set up will be at 8:30 a.m.

Rules and Guidelines

1. Those wishing to sell in the swap meet must purchase a table.
2. Multiple persons having few items per person may share a table, but we ask that large groups consider making a larger donation or purchase the appropriate number of tables for the amount of gear they bring to the swap meet.
3. The swap meet is for non-business use. Businesses wishing to sell merchandise may purchase an expo booth using the *Exhibit Application for the Annual Expo*.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

No. of Tables _____ x \$20 = \$

Waiver of Liability and Hold Harmless Agreement Michigan Mountain Biking Association and the MSU Pavilion

I have been given the opportunity to participate in the events known as the MMBA Annual Meeting and Expo ("Activity"). I wish to participate in this activity and recognize that it involves certain dangers through accident or otherwise, including but not limited to physical injury, including death. In consideration for being allowed to participate as I request, I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE any officers, agents or employees of the Michigan Mountain Biking Association and the MSU Pavilion, from any and all liability, claims, demands, actions and causes of actions arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or my property, whether caused by my negligence or theirs, while participating in this activity or being in or upon the premises in which the activity is being conducted. I recognize that I am not required to participate in this activity and do so of my own free will. I VOLUNTARILY ASSUME RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that I may sustain or cause as a result of being engaged in this activity, whether caused by my negligence or that of the Michigan Mountain Biking Association or the MSU Pavilion and Michigan State University or its agents or employees. I FURTHER AGREE TO IDEMNIFY AND HOLD HARMLESS the Michigan Mountain Biking Association, the MSU Pavilion and Michigan State University, their agents and employees from any loss, liability, damage or costs, including court costs and attorneys fees, that either of them may incur due to my participation in such activity, whether due to my negligence or theirs or otherwise. **I have read this document before signing it, I have had an opportunity to consider its meaning, and I understand the document and sign it voluntarily as my own free act and deed. I am at least 18 years of age and fully competent.**

Signature Date

Include a check payable to the "MMBA" or complete the Credit Card Authorization Form in this packet.

Please return this form by January 6, 2011 to: **Michigan Mountain Biking Association**
ATTN: Diane Ursu
5119 Highland Rd PMB 268
Waterford, MI 48327



Credit Card Payment Authorization Form

Name on card: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Circle one: Visa MasterCard

Card #: _____ / _____ / _____ / _____ Exp _____ / _____)

Security Code:
(three numbers on back of card) _____

Payment Amount \$

I hereby authorize the above amount to be applied to the credit card listed above.

Signature of Cardholder

Date