



Waiver and Release

This form must be signed by each rider before beginning the ride. No rider may participate without a completed form.

I wish to participate in the Cycling with Sisters bike ride _____. In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless Cycling with Sisters, the event sponsor, cooperating organizations and any other parties connected with this event in anyway together with their respective successors and assigns (the "Sponsors") singularly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Cycling with Sisters bike ride or event. I understand there are risks inherent with bike riding on public streets and highways where many hazards exist. I am voluntarily participating in this event with knowledge of the hazards involved and accept all risks of injury, inconvenience, harm, loss or death.

I am physically capable of participating in the ride or event and the equipment I will use will be in proper working condition. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the ride or event description and the rules of participation in the event and I will abide by all rules and regulations established by event organizers and personnel. I agree to wear a helmet, adhere to all other ride or event rules, and conduct myself in a safe and prudent manner while participating in the ride or event. I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs. *(We advise you to keep your medical information on your person such as wearing a medical ID bracelet and/or including it in your bike bag.)*

I give Cycling with Sisters permission to use my name and any photograph, voice or likeness of me during the event in any promotional materials or publications. I consent to and authorize in advance such use and waive my rights of privacy in connection therewith.

This is an important legal document. Read it carefully before signing below.
I have read this waiver and release and understand its significance.

Rider's or Participant's signature _____ Date _____

Rider's or Participant's name (please print) _____ Age _____

Cell Phone (will have during ride or event) _____

Emergency Contact Name _____

Relationship _____ Phone number during event _____

