

# Bike Across the Bay

Sunday, Feb. 17, 2019

## **Race Waiver**

### Dear participant;

In order to keep our costs low we must have a signed waiver for the items listed below.

### Please acknowledge the following below;

I understand that I must have a helmet on and secured always when participating in this event.

I understand that any outdoor activity has inherent risks to my wellbeing and could result in physical injury up to and including death or disability. I expressly accept and assume all the risks known and unknown including potential negligence of North Coast Cycling Association, its members, volunteers, agents, and any associated parties.

If at any time I feel during this event I feel there are unsafe conditions, I agree to notify parties of same. If I am unable to participate due to unsafe event conditions or physical or medical circumstance, I will immediately discontinue participation.

I agree to voluntarily release and indemnify and hold harmless North Coast Cycling Association, its members, volunteers, agents, and any associated parties from any and all claims demands, or causes of action which are in any way connected with my participation in this activity or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity and will bear the costs of and risks that may be created, directly or indirectly for such condition.

By signing this document, I agree that if I am hurt or my property damaged as a result of this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against North Coast Cycling Association, its members, volunteers, agents, and any associated parties. I understand that this activity would cost a significant amount more if I were not to choose to sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this lease is a reasonable bargain.

#### I have read and understood this document:

Signature

Printed Name		
Address	City	
StateZip		
Telephone	Date:	_
	d's Name):	
sociation, its members, volunte	on this activity, I agree to indemnify and eers, agents, and any associated parties for brought by or on behalf of a minor or in	•
Signature of Guardian:		Date: