RIDING FOR OUR VETERANS

BICYCLE RIDE

CARROLLTON, MO.

With respect to the Riding For Our Veterans event to be held on October 10, 2015, I freely accept and voluntarily assume the risks of personal injury, property damage or death that may result from this potentially hazardous activity. I further agree to waive and release from all claims and liabilities of any kind arising out of my participation and agree to hold harmless Riding For Our Veterans Inc., Generations of Heroes Ranch, sponsors, cooperating organizations, staff, city of Carrollton, Counties of Carroll, Ray and Caldwell and all parties connected with this event from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and give permission to use my image and photo taken during the event for any promotional material, publication, or on the website. I certify that my bicycle is safe for use in this event and that I’m in good physical condition and able to complete the event and will wear ANSI approved helmet. I understand that I will be sharing public roads with motor vehicles, other bicyclists, pedestrians, equine, and participants. I do agree and accept full responsibility to obey the traffic laws of the state of Missouri and rules of safety for the event and understand that Riding For Our Veterans withholds the right to dismiss anyone that may cause disturbance during this event or disregard the rules with respect to safety. I certify that I have read and understand the intent of this waiver and release.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under the age of 18 parent or guardian’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_