



**Jim Krause Memorial Charity Bicycle Ride
Ride the Point**

Family Ride Participant Waiver Release Form

This is a contract with legal consequences. I have been advised to read it carefully before signing. _____
Initials

1. I acknowledge that I and any accompanied minors will obey all rules, directions, and traffic laws associated with this event. The Family route includes non-exclusive riding on bike paths and sidewalks and I will not leave the proscribed route during this event. I will follow the directions of the ride lead, volunteers, and San Diego Traffic Control personnel to ensure rider safety during the ride _____
Initials

2. I hereby waive, release and discharge for myself, my heirs, legal representatives, executors, administrators, assignees and successors in interest (collective referred to as “successors”) any and all rights and claims for damages, injuries, expenses or costs of any kind which I have now or may acquire in the future that are directly or indirectly related to my participation in or association with the event (collectively referred to as “claims”), against the ENTITY of San Diego, law enforcement agencies, sponsors, organizers, and any promoting organization for this event, and their respective agents, officials, employees, and officers (collectively referred to as the “released parties”). The waived released and discharged claims include claims arising from the released party’s own active or passive negligence. _____
Initials

3. I acknowledge and fully realize the dangers of participating in an athletic event and particularly in a bike riding event, and fully assume the risks associated with participation including, by way of example and not by limitation, the following dangers of collision with pedestrians, vehicles, or other participants and fixed objects the dangers arising from surface hazards, equipment failure, inadequate safety equipment, and released party’s own negligence, weather conditions, and the possibility of serious physical and/or mental trauma or injury associated with athletic events. _____
Initials

4. I agree that it is solely my responsibility to be familiar with the course and any special regulations for the event. I understand and agree that situations may arise during the event that are beyond the immediate control of the event supervisors and organizers, and I must continually participate so as to neither endanger myself or others. I accept responsibility for the conditions and adequacy of my equipment. For bicycling events I will be wearing while riding a helmet which satisfies the requirements of U.S. Cycling Federation’s Racing Rules capable of protecting against serious head injury. I assume all responsibility for the selection of the helmet.



I have no physical or mental condition, which to my knowledge, would endanger others or myself if I participate in this event, or would interfere with my ability to participate in this event.

Initials

5. I certify that I have examined my insurance coverage or purchased appropriate insurance and confirm that this coverage is valid during participation in the Jim Krause Memorial Charity Bicycle Ride the Point. I acknowledge full and sole responsibility for any and all medical expenses and/or costs that may be incurred as a result at attendance at these events. I am expected to arrive with medical or health, disability, life, or any other pertinent insurance coverage in effect. _____

Initials

6. I agree for myself and successors that the above representations are contractually binding and are not mere recitals and that should I or my successors assert a claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally. Waiver of any provision of this agreement is intended to be severable. If one or more provision is found to be unenforceable or invalid, the remaining terms and provisions shall remain binding and enforceable. _____

Initials

7. Type of event (description): bicycle ride

Participants Name (printed): _____ Team/Club name: _____

Address: _____ City, State and Zip: _____ Age: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Who to Notify in Case of Emergency (printed): _____ Phone: _____

Date: _____

Participant Signature: _____

Consent and Release of Parent or Guardian

I as the parent or guardian of the above-named minor hereby give permission for my child or ward to participate in the event and further agree, individually and on behalf of my child or ward, to all items stated above.

Date: _____

Parent or Guardian Signature: _____