PARTICIPANT AND VOLUNTEER ACCIDENT WAIVER AND RELEASE OF LIABILITY
RIDE THE POINT 2015

I acknowledge that this athletic event requires that I am physically fit enough to participate or volunteer in this event. I acknowledge that I have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this is a **bike ride and not a race**. However, there are risks associated with any bike ride. Such risks include but are not limited to those caused by terrain, facilities, temperature, weather, conditions of athlete's equipment, vehicular traffic, intentional or negligent actions of other people including but not limited to participates, volunteers, spectators, event officials, event monitors and lack of hydration. I hereby voluntarily assume all the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I have read and understood the description of the ride and the code of conduct provided on http//www.ridethepoint.org for the event and agree to abide by them including without limitation the requirements where a Consumer Product Safety Commission-approved bicycle helmet, by all other rules and regulations established for the Ride the Point event, and by the California Vehicle Code.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administers, heirs, next of kin, successors and assigns as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me at or during my traveling to and from this event. THE FOLLOWING ENTITIES OR PERSONS: All government agencies including but not limited to Cities of San Diego and Santee, Port of San Diego, County of San Diego, Dept. Of the Navy, Dept. Of the Interior, Cabrillo National Monument, San Diego Police Department, Moment Bike Shop, Point Loma Rotary Club, Point Loma Endowment Fund, Stone Brewing Company, their respective directors, officers, employees, volunteers, representative agents, the event sponsors, the event directors, event volunteers, co-participants and event vendors.

(B) IDENTIFY AND HOLD HARMLESS the entities or persons mentioned in (A) above, from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident or illness during the event. I agree to follow all California Vehicle Code traffic laws. I understand that this event or related activities may be photographed, filmed, videoed or otherwise have my likeness or voice recorded. I agree to allow my photo, video or film or sound likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns in perpetuity.

I acknowledge that this accident waiver release of liability form will be used by the event organizers, sponsors, government entities and other organizers and shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I agree that the venue for any legal proceedings is San Diego, California. I hereby certify that I have read this document and understand this accident waiver and release of liability form will govern my actions and responsibilities stemming from my involvement in this event in any way including participation in or volunteering for this event.

I understand that I am releasing the named entities from claims based on negligence.

_____ _____ _____
Print **Name** **Signature.** **Date**

_____ _____ _____
If under 18 parent or guardian name. **Parent or guardian signature.** **Date.**

Emergency information.

_____ _____ _____-
Emergency contact. **Relationship.** **Emergency contact number**