



# Team Life Bike Ride Waiver and Release

This form must be signed by each rider (and parent or guardian for riders under 18) before beginning the ride. No rider may participate without a completed form.

BIB# \_\_\_\_\_

ROUTE \_\_\_\_\_

**Personal Information (all fields are required for participation):**

Rider's name (please print) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone number (cell phone preferred and will have during event) \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number during event \_\_\_\_\_

Would you like to receive our bi-monthly newsletters and ministry updates? \_\_\_\_\_

I wish to participate in the Team Life 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 A Woman's Choice & Necole's Place, event sponsors, 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 Team Life Bike Ride.

I understand there are risks inherent with bike riding on public streets and highways where many hazards exist. I also understand there will be a large number of cyclists, some of whom are inexperienced, creating further hazards. 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 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 event description and rules of participation in the event and I will abide by all rules and regulations established by the event organizers and personnel. I agree to wear a helmet, adhere to all other event rules, and conduct myself in a safe and prudent manner while participating in the event. I will not be supported before 7:30 a.m. or after the route is closed. If I decide to leave the route, I am technically off the ride for that day and on my own in regard to support and safety. I will not drink alcohol or take drugs that could impair my ability to ride safely.

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.

I give A Woman's Choice & Necole's Place permission to use my (and any minor's) 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 I have in connection therewith.

**I have reviewed the event safety information and will follow the rules of the event. I have read this waiver and release and understand its significance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If 18 years or younger, a parent or guardian must sign below and have this form notarized.**

As a parent/guardian, I have read the waiver and release form above. I understand and agree to its waiver and release provisions, consent to the emergency medical treatment and will be responsible for any and all costs. I have discussed with the rider the requirements to observe all traffic laws, to wear a helmet and adhere to all other event rules and to act in a safe and prudent manner. I concur with representations made by the rider about physical capabilities and working order of equipment and agree you may use his/her name and photograph. I understand that an adult must accompany all participants under the age of 18 at all times.

\_\_\_\_\_  
Signature of legal parent/guardian

\_\_\_\_\_  
Date

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

STATE OF KENTUCKY; COUNTY OF \_\_\_\_\_.

This document was acknowledged before me on \_\_\_\_\_ (Date) by \_\_\_\_\_ (name of parent or guardian).

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

**Notary Seal**

