

Release and Assumption of Risk

This is a legal document. Please read and understand before signing. If you have questions, consult an attorney.

In consideration of my participation, I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), and all rights and/or claims which I have, may have, or may hereafter accrue to me against the sponsors and promoters of Bike Virginia, or other sponsors or affiliated organizations and their respective agents, officers, and employees for any and all damages, injuries or claims which may be sustained by me or indirectly arising out of my participation in Bike Virginia.

I, the undersigned, freely acknowledge and realize the dangers of participating in Bike Virginia and fully assume all risks including, but not limited to collision with pedestrians, vehicles, other riders, and/or fixed or moving objects, the negligence of other riders, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or mental trauma (or injury). I understand that any route or activity chosen as part of our outdoor adventure may not be the safest, but has been chosen for its interest or challenge. I understand that the route requires bicycling on public roadways and in bad weather and that cyclists have been hospitalized and/or killed because of traffic mishaps that are either their responsibility or others' responsibility. I further agree that I will bear all expenses incurred in any such accidents.

I realize that Bike Virginia requires physical conditioning and I represent that I am in sound medical condition. I have no physical or medical impediment which would endanger myself or others. I understand and agree that a situation may arise during Bike Virginia which may be beyond the control of the sponsors, promoters, or organizers and agree to ride so as not to endanger either myself or others.

I will wear a CPSC or SNELL approved helmet when riding a bike during Bike Virginia. I will obey all state traffic laws and regulations. I understand if I leave the designated route, I am no longer on Bike Virginia. I agree that my photograph, video or voice may be used in promotion or advertising for Bike Virginia with no compensation due.

The above agreements and representations are my express understanding of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle and agree to the rules of Bike Virginia relating to wearing a helmet, riding single file, wearing identification, appropriate behavior as well as other prudent organizational requirements.

Date _____ Signature _____

Printed Name: _____

PARENT/GUARDIAN RELEASE

Everyone under the age of 18 must have the following completed. I, as parent or guardian of the above named minor, hereby give my permission and consent voluntarily and freely for my child to participate in Bike Virginia. I further agree individually and on behalf of my child to the above terms after fully reading the "Release and Assumption of Risk."

Signature (parent of guardian) _____

Printed name _____