

EVENT WAIVER AND RELEASE



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

I wish to participate in PurpleRide Twin Cities 2009 (a Pancreatic Cancer Action Network event). In order to participate, I waive and release any and all rights and claims I may have against the Pancreatic Cancer Action Network, any event sponsors or participants, for anything other than claims based on intentional, willful or wanton acts by them.

This waiver and release is for me and anyone making claims through me or based on their relationship to me. This waiver means I am giving up my right to sue or otherwise bring claims against event sponsors or participants. The phrase "event sponsors or participants" specifically includes any organizations or individuals connected in any way with this event and any of their employees, agents and representatives, successors, assigns, heirs, executors and administrators.

I understand that there are risks inherent with bike riding on public streets and trails where many hazards exist. I also understand that 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 event organizers and personnel as well as local vehicle code. 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 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.

I agree that my continued participation throughout the event is subject to the sole discretion of representatives of the Pancreatic Cancer Action Network, PurpleRide Twin Cities and should I be requested to discontinue my participation for medical, safety or any other reason, I shall immediately end my participation and carry out such directives as I receive.

I give the Pancreatic Cancer Action Network and PurpleRide Twin Cities 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.

We advise you to keep your medical information with you such as wearing a medical ID bracelet or keeping it in your helmet at all times.

This is an important legal document. Read it carefully before signing below.

I have read this waiver and release and understand its significance.

RIDER'S SIGNATURE DATE

RIDER'S NAME (PLEASE PRINT) AGE CELL PHONE (IF APPLICABLE AND WILL HAVE AVAILABLE ON EVENT)

EMERGENCY CONTACT - NAME (PLEASE PRINT) RELATIONSHIP PHONE NUMBER DURING EVENT

Participants under 18 years of age must have a parent, guardian or authorized adult signature, below.

As the parent/guardian or an authorized adult, 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 and I have approved the adult indicated below to serve in that capacity.

SIGNATURE OF LEGAL PARENT, GUARDIAN OR AN AUTHORIZED ADULT IF PARTICIPANT IS UNDER 18 YEARS OF AGE DATE

Signature of adult accompanying participants under 18.

I am responsible for the rider named in this waiver and understand I must assure the rider adheres to all rules of the event and immediately end my participation in the event if requested to do so by representatives of the Pancreatic Cancer Action Network, Twin Cities PurpleRide for any medical, safety or other reason. I have advised the rider and the rider understands that should I have to end my participation in the event, the rider, too, will have to end his/her participation in the event.

SIGNATURE DATE

NAME (PLEASE PRINT) AGE CELL PHONE (IF APPLICABLE AND WILL HAVE AVAILABLE ON EVENT)