

## Waiver Form

I hereby release and discharge the Independence First Aid Squad, volunteers, sponsors, organizers and any or all persons connected with the Fall Foliage Bike Tour from any and all liability for any injuries or damages I might sustain while participating in the tour. I acknowledge that wearing a helmet and obeying all traffic rules and regulations are required. I voluntarily execute this release with full knowledge that I will not be able to hold any of the foregoing entities liable for such injuries or death. I also understand the entry fees I pay are non-refundable.

I know bicycling is a sport carrying risk of personal injury. I know there are natural and man-made hazards, surface and environmental conditions and risks which in combination with my actions could cause severe or fatal injury. I agree that I must take an active role in understanding and accepting these risks, conditions and hazards and in preventing accidents from happening.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

If under 18 years of age, this release must be signed by a parent or legal guardian.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

**All riders are required to wear their helmets at all times during the ride.**