


Cardiac Kids Bike Ride		 11531 Kingston Pike, Knoxville, TN 37922	In the Village Green Shopping Center next to the Fresh Market (865) 671-7591 M-F 10-6 S 9:30-5 Sun Gone Riding
Participant's Last Name		First Name	E Mail
Telephone (___) ___ - ____		Cell Phone (___) ___ - ____	
Street Address			
City / State / Zip		Emergency Contact	Emergency Phone (___) ___ - ____

Basic Liability Waiver, Indemnification Agreement, Permission to Provide Medical Treatment & Publicity Release	
<p>In accepting this agreement for myself or for the named participant (if under the age of 18), I know that those participating in this will be exposed to the risks of serious bodily injury, sickness, or death due to circumstances inherent in this event, including the negligent acts or omissions of others. I understand and am aware that there are a variety of specific risks and dangers inherent in a voluntary bicycling event such as this, including, without limitations, falls, collisions with other bicyclists, motor vehicles, or stationary objects; adverse weather conditions; and those caused by conditions of the road, such as broken pavement, railroad crossings, and road crossings. I further understand that by participating in this event I will be riding my bicycle on public roads with many other bicyclists, some of whom are inexperienced at riding in large groups, and that the large number of riders in this event adds an element of dangerous and unpredictable behavior. In exchange for being permitted to participate, I voluntarily agree to assume all of these risks inherent with my participation.</p> <p>In acknowledgement that I (or the participant for whom I accept, if under the age of 18) am physically capable and sufficiently trained to complete this event. I also attest that the equipment used by me (or the participant for whom I accept, if under the age of 18) has been inspected and is in good mechanical condition, that I am familiar with its proper use, and that I will be financially responsible for any loss or damage to that equipment or for personal injury or death resulting from its use.</p> <p>I am aware that medical support will be provided by volunteer and other personnel who may be called upon to provide assistance, including first aid during this event. I consent and authorize any such personnel to assist me (or the participant for whom I accept, if under the age of 18) or perform such assistance, if in the opinion of such personnel; such care is deemed necessary and appropriate. I understand further that any such medical or other services provided is not an admission of responsibility to provide any such services and is not a waiver by any said parties rights under this agreement.</p>	<p>I understand that West Bicycles and The CryBaby Spring Century Bike Ride assume no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any official, relative to my ability (or the participant for whom I accept, if under the age of 18) to safely participate in this event. I further promise to wear an ANSI, Snell, or ATSM/SEA-approved helmet at all times while riding my bicycle during this event.</p> <p>Having read this waiver and knowing these facts and in consideration of The CryBaby Spring Century Bike Ride's acceptance of my application for participation, I, for myself and anyone entitled to act on my behalf, do agree to release, hold harmless, and discharge all sponsors, representatives (including event volunteers), any involved municipalities or other organizations and the boards, trustees, officers, employees of any of them, from any and all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence, recklessness, or carelessness on the part of the persons or entities named in this waiver.</p> <p>I also grant permission to CryBaby Spring Century Bike Ride' and its sponsors to use any photographs, motion pictures, recordings or any other record of my participation in this event for legitimate purposes.</p> <p>I further agree to indemnify and to hold harmless the persons and entities listed in this agreement for any liability that may incur to me, a member of my family, or the participant for whom I accept if under the age of 18, in connection with this event.</p> <p>I further agree that if, in breach of this agreement, I institute any judicial proceedings against any of the persons listed in this agreement in connection with this event, I shall bring them in the Common Pleas Court of Knox County, Tennessee, I consent to personal jurisdiction in those courts. I further agree that, if in breach of this agreement, I institute such proceedings, I am responsible for all costs and attorney's fees of any person or entity against which I institute such proceedings.</p> <p>Sponsors reserve the right to postpone, modify or cancel the event due to weather conditions or other factors beyond the control of the sponsors.</p>
HAVING READ AND UNDERSTOOD THIS AGREEMENT, I VOLUNTARILY AND KNOWINGLY SIGN IT.	
Participant's Signature:	Parent/Legal Guardian's Signature:

Entry Fee	64 miles	\$20	\$
	38 miles	\$20	\$
	Farragut Greenway Excursion	\$20 / family	\$20
Check # _____	Credit card _____	Cash _____	Grand Total \$ _____
Make check payable to West Bicycles Mail completed forms and check to: West Bicycles c/o Cardiac Kids 11531 Kingston Pike Farragut, TN 37934		List Family Members on Greenway Ride	