

Waiver for Event Participation – The Angel Ride

Angels of Action | PO Box 1020, Big Rapids, MI 49307



All participants (individuals and each member of a team or family) must submit a completed waiver. Those without a completed waiver will not be permitted to participate in the event.

Rider Name: _____ Age on Date of Ride: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

HOLD HARMLESS AND ASSUMPTION OF THE RISK AGREEMENT: For and in consideration of The Angels of Action organization allowing me to ride in the **Angel Ride on September 27, 2014**. I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death against The Angel in Actions organization or any of their officers, agents, servants, volunteers, board members or employees, and the right to present any claim whether the same shall arise by the negligence of any of said persons, or otherwise, occurring to me as a result of my participation in the Angel Ride and any activities incidental there to wherever or however the same may occur and for whatever period said activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE ANGELS OF ACTION ORGANIZATION AND THEIR OFFICERS, AGENTS, SERVANTS, VOLUNTEERS, BOARD MEMBERS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH. I am fully aware of the risks and hazards inherent in bicycle riding and I hereby elect voluntarily to assume as risks of loss, damage, or injury that may be sustained by me while riding a bicycle in the Angel Ride.

I understand that this hold harmless and assumption of risk agreement shall apply not only to me, but also my heirs, executors, administrators, next of kin, assigns and successors.

WAIVER OF PUBLICITY: I/We, the undersigned, give permission for the use of any photos, movies, and audio or video tapings of activities. The material so obtained may be employed with Angels of Action approval for promotional purposes, media coverage, or for publicity benefiting Angels of Action Organization. I/We also acknowledge that Angels of Action cannot control photography/filming between participants.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO RIDING A BICYCLE IN THE ANGEL RIDE AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

_____ (Initial) By my signature below, I hereby certify that I am eighteen (18) years of age or older.

_____ (Initial) I am under the age of eighteen (18) years. My parent/guardian has read this form with me and the parent/guardian acknowledges and agrees to the above waiver and release.

Signature of Participant or Parent/Guardian

Name (PRINTED)

Date