

WAIVER AND RELEASE (Adult)

I fully understand that training for and participating in activities such as the Community Bicycle Ride may result in accidents, illness, or serious injury. I am voluntarily participating in the Community Bicycle Ride (hereinafter the “event”) sponsored by the Lawrence Central Rotary Club (hereinafter “the Rotary Club”) with complete understanding of the risks associated with participation in the event.

I further acknowledge that this event requires participants to be in proper physical condition. By signing this Waiver and Release Form, I declare that I am medically able, properly trained, physically fit, and capable of participating in the event.

In consideration for being allowed to participate in the event, I agree to release and hold harmless the premises owner and the event’s sponsors, including the Rotary Club, its affiliates, agents, and employees, from all liability for any injuries and/or illnesses that may directly or indirectly result from my conduct or from the negligence of other participants in the event, and/or from the negligence of the premises owner or the negligence of the sponsors of the event, including the Rotary Club, its affiliates, agents, and employees. I also agree to release and hold harmless the Rotary Club, its affiliates, agents, and employees, from all liability for any claims for damages to bicycles, bicycle equipment, gear, and any other personal property that may result from my participation in the event. I also acknowledge full and sole responsibility for any and all medical expenses that I may incur as a result of any injury and/or illness related to my participation in the event. I understand and agree that this Waiver and Release is binding.

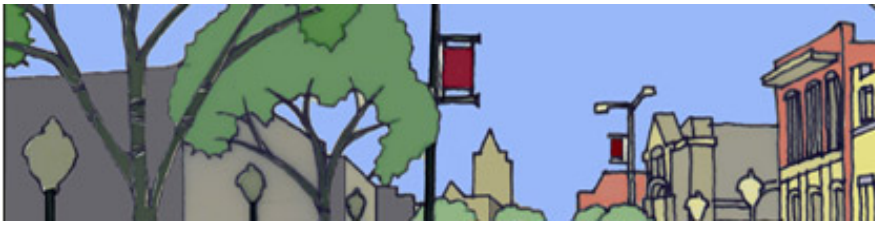
I hereby grant my consent and permission to the Rotary Club, its affiliates, agents and employees, to use my name, photograph, videotape, motion picture recording, voice, or likeness for Rotary purposes, including pre and post event publicity.

I have carefully read this Waiver and Release and fully understand its contents. By my signature below, I consent and agree to the terms of this Waiver and Release.

X _____
Signature of Participant

Date

Print Name of Participant



WAIVER AND RELEASE (Minor)

I fully understand that training for and participating in activities such as the Community Bicycle Ride may result in accidents, illness, or serious injury. I am voluntarily allowing my child to participate in the Community Bicycle Ride (hereinafter the “event”) sponsored by the Lawrence Central Rotary Club (hereinafter “the Rotary Club”) with complete understanding of the risks associated with participation in the event.

I further acknowledge that this event requires participants to be in proper physical condition. By signing this Waiver and Release Form, I declare that my child is medically able, properly trained, physically fit, and capable of participating in the event.

In consideration for my child being allowed to participate in the event, we agree to release and hold harmless the premises owner and the event’s sponsors, including the Rotary Club, its affiliates, agents, and employees, from all liability for any injuries and/or illnesses sustained by my child, which may directly or indirectly result from my child’s conduct or from the negligence of other participants in the event, and/or from the negligence of the premises owner or the negligence of the sponsors of the event, including the Rotary Club, its affiliates, agents, and employees. I also agree to release and hold harmless the Rotary Club, its affiliates, agents, and employees, from all liability for any claims for damages to bicycles, bicycle equipment, gear, and any other personal property that may result from my participation in the event. I also acknowledge full and sole responsibility for any and all medical expenses that my child may incur as a result of any injury and/or illness that occurs as a result of my child’s participation in the event. I understand and agree that this Waiver and Release is binding upon my child and myself.

I hereby grant my consent and permission to the Rotary Club, its affiliates, agents and employees, to use my child’s name, photograph, videotape, motion picture recording, voice, or likeness for Rotary purposes, including pre and post event publicity. I have carefully read this Waiver and Release and fully understand its contents. On behalf of myself and my minor child, I consent and agree to the terms of this Waiver and Release and, by my signature below, authorize my child’s participation subject to those terms.

X _____
Signature of Minor’s Parent or Legal Guardian

Date

Print Name of Minor Participant