

Knox Century Bike Ride

Waiver and Release of All Claims

Please read the following carefully and be aware in registering yourself or your minor child/ward for participation in the Knox Century Bike Ride (KCBR) on September 19, 2009, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the event:

I recognize and acknowledge that there are certain risks of physical injury to participants in the event and I agree to assume the full risk of any injuries, including death, illness, damage or loss, regardless of severity, which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with the bike ride.

I agree to waive and relinquish all claims I or my minor child/ward may have against the officers, agents, servants, members and employees of Knox Presbyterian Church and participating sponsors and partners of the Knox Century Bike Ride as a result of participating in the event.

I do hereby fully release and discharge the Knox Presbyterian Church of Naperville, Illinois, Loaves and Fishes, and any other organization involved in the Knox Century Bike Ride (hereinafter, "Indemnitees"), all event volunteers, and their officers, agents, servants, members and employees from any and all claims from injuries, including death, illness, damage or loss, which I or my minor child/ward may have or may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the event.

I further agree to indemnify and hold harmless and defend the Indemnitees from any and all claims resulting from injuries, or illness, including death, damage or loss, sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the event. I understand that this release and waiver of all claims applies to myself, my personal representatives, heirs and assigns. I know that cycling or the other events are potentially hazardous activities but represent that I am trained adequately, am medically able to participate in these events, and that my bicycle is in good condition and repair and is safe to ride. I assume all risks associated with cycling and the events included, but not limited to, falls, contact with other participants, crashes, effects of weather including high heat and/or humidity, traffic and road conditions. I understand that ANSI approved bicycle helmets must be worn when participating in this event. I further understand that I must ride safely, including riding no more than two abreast, and in accordance with the rules of the road in the State of Illinois as they pertain to bicycle operation; I understand that should I fail to do so, I will be subject to removal from the ride.

I have read and fully understand the waiver and release of all claims.

Print Name of Participant

X _____

Date: _____

(Signature of Parent, Guardian or Adult participant)

