ALL GRAVITY SERIES WAIVER AND RELEASE OF LIABILITY

I acknowledge that this cycling event is a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition environment, equipment, vehicular traffic, lack of hydration, and actions of other people; including but not limited to, participants, volunteers, spectators, instructors, and/or guides. These risks are not only inherent to, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event, and have not been advised otherwise by a qualified medical person.

I acknowledge that the activity organizers in which I may participate will use this Accident Waiver and Release of Liability (AWRL) form; and that it will govern my actions and responsibilities at said activities.

In consideration of my application, and permitting me to participate in this event; I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event; THE FOLLOWING ENTITIES OR PERSONS: any directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; and (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities, I may be photographed and/or video taped. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

POSSIBLE RISKS and HAZARDS include, but are not limited to: Sunburn, dehydration and exposure to diverse weather conditions. Cycling activities may also share routes with vehicular or other traffic, bridge crossings, dark tunnels, steep cliffs, narrow trails, natural and manmade debris, loose, wet and uneven surface are possible.
I am responsible for the maintenance of my bike and following the State laws regarding cycling.
I will wear a DOT approved bicycle helmet at all times while riding regardless of my age.
I will not ride in a manor that may injure myself and/or those around me.

I hereby certify that I have read this document; and I understand its content.

PRINT NAME AGE SIGNATURE DATE

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent, and natural guardian or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity, and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act; and release said parties on behalf of the minor and the parents or legal guardian.

PRINT NAME AGE SIGNATURE DA