RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("Agreement") for LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")

	(this form is to only be use	ed for Individual Adults	<u>or for Adults on beh</u>	alf of Min	ors)			
IN CONSIDERATION of being Bicycling Activities ("Activity") I	permitted to participate in any way in , for myself, my personal representativ	ves, assigns, heirs, and next o	f kin:	enter name	of LAB	Club)	("Club")	sponsored
1. ACKNOWLEDGE, agree, participate in such Activity.	and represent that I understand the further acknowledge that the Activity vexpected. I further agree and warrant	nature of Bicycling Activities will be conducted over public	and that I am qualified, roads and facilities open	in good hea	alth, and in	n proper e Activity	physical and upo	condition to n which the
PARALYSIS AND DEATH ("Ris conditions in which the Activity LOSSES either not known to	at (a) BICYCLING ACTIVITIES INVOCKS, (b) these Risks and dangers may takes place, or THE NEGLIGENCE of the or not readily foreseeable at this to y incur as a result of my participation in	y be caused by my own actior OF THE "RELEASEES" NAM ime; and I FULLY ACCEPT A	is or inactions, the action	s or inactions	of others	participat	ing in the	Activity, the
employees, other participants, "RELEASEES" herein) FROM PART BY THE NEGLIGENCE RELEASE AND WAIVER OF	HARGE, AND COVENANT NOT TO any sponsors, advertisers, and, if a ALL LIABILITY, CLAIMS, DEMANDS, OF THE "RELEASEES" OR OTHER LIABILITY, ASSUMPTION OF RISK, A O HOLD HARMLESS EACH OF THE I	oplicable, owners and lessors LOSSES, OR DAMAGES OF RWISE, INCLUDING NEGLIG AND INDEMNITY AGREEME	of premises on which t I MY ACCOUNT CAUSE ENT RESCUE OPERATI NT I, or anyone on my b	he Activity ta D OR ALLEO ONS. And, ehalf, makes	kes place, GED TO BE I FURTHE a claim ag	(each co E CAUSE R AGRE gainst an	onsidered ID IN WH E that if, y of the F	I one of the IOLE OR IN despite this Releasees, I
BY SIGNING THIS AGREEM COMPLETE AND UNCONDI	OLDER, HAVE READ AND UNDERST ENT, HAVE SIGNED IT VOLUNTARI TIONAL RELEASE OF ALL LIABILIT TINVALID, THE BALANCE, NOTWITH	LY AND WITHOUT ANY IND IY TO THE GREATEST EX	UCEMENT OR ASSURATENT ALLOWED BY LA	ANCE OF AN AW. I AGR	NY NATUR	e and i	NTEND I	IT TO BE A
PARTICIPANT'S NAME (PRIN	TED):							
PARTICIPANT'S SIGNATURE	(only if age <u>18</u> or over):		I HAVE READ T	HIS RELEA	.SE			
ADDRESS:								
	(Street)	(City)		(Sta	•		(Zip)	
PHONE: ()			DATE:					
	(com	MINOR RELEAS plete for Participants Under						
CAPABILITIES AND BELIEVE HEREBY RELEASE, DISCHA LIABILITY, CLAIMS, DEMANI NEGLIGENCE OF THE "RELI THE MINOR, OR ANYONE C	ENT AND/OR LEGAL GUARDIAN, ETHE MINOR TO BE QUALIFIED, II RGE, COVENANT NOT TO SUE, AN DS, LOSSES, OR DAMAGES ON T EASEES" OR OTHERWISE, INCLUDI IN THE MINOR'S BEHALF MAKES A RELEASEES FROM ANY LITIGATIO M.	N GOOD HEALTH, AND IN I ID AGREE TO INDEMNIFY A HE MINOR'S ACCOUNT CA ING NEGLIGENT RESCUE O A CLAIM AGAINST ANY OF	PROPER PHYSICAL CO ND SAVE AND HOLD H USED OR ALLEGED T PERATIONS AND FURT THE RELEASEES NAMI	ONDITION TO ARMLESS E O BE CAUS THER AGREI ED ABOVE,) Partici Ach of T Sed In Wh E That IF, I Will Ini	PATE IN THE REL HOLE OI DESPIT DEMNIFY	SUCH A EASEES R IN PAF E THIS R ', SAVE, .	CTIVITY. I FROM ALL RT BY THE RELEASE, I, AND HOLD
MINOR'S NAME (PRINTED):_				BIRTH DA	TE OF MIN	NOR:	-	-
SIGNATURE OF MINOR PAR	TICIPANT:	I HAVE READ TH	IIS RELEASE					
	11011711111							
	PRINTED):							
PARENT/GUARDIAN NAME (I								
PARENT/GUARDIAN NAME (I	PRINTED): URE (only if participant is under the a			THIS RELE				

FORM NO. LAB MINOR W&R DME #480846 (1/2007)