RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT") FOR SPOKANE BICYCLE CLUB

Ride Name	Date	Miles	Ride Leader	Ride Leader Phone

IN CONSIDERATION of being permitted to participate in any way in Spokane Bicycle Club ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING VIRAL INFECTIONS, BACTERIAL INFECTIONS AND OTHER COMMUNICABLE DISEASES AND ILLNESSES, PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW ; (c) there may be OTH- ER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAG- ES I incur as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the League of American Bicyclists, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND W AIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDER- STAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UN- CONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature	Printed Name	Rider Cell Phone	Emergency Phone (cell preferred)	Member (Y/N)

Ride Leaders - send completed form to Ride Director, PO Box 8802 Spokane, WA 99203 or email .pdf file copy to garrykehr@gmail.com. ☐ Ride Waiver sent to the rides director on _____. Revised April 7, 2024.

SPOKANE BICYCLE CLUB

FIRST REPORT OF ACCIDENT

Submit to: P.O. Box 8802
Spokane, WA 99203
email: garrykehr@gmail.com

DATE OF INCIDENT _____ **TIME** _____ ☐ **AM** ☐ **PM**

CLASSIFICATION ☐ Injury ☐ Non-injury

INSURED PERSON ☐ Club member ☐ Non-member ☐ Pedestrian ☐ Other _____

INJURED PERSON INFORMATION

Last Name	First	Middle	Phone Number
Address	City	State	Zip
Age	D.O.B.	☐ Male ☐ Female ☐ Other	

GUARDIAN / PARENT (IF INJURED PERSON IS A MINOR)

Last Name	First	Middle	Phone Number
Address	City	State	Zip

ACCIDENT LOCATION, TYPE, AND DESCRIPTION

☐ Road ☐ Parking lot
☐ Off-road ☐ Other _____

☐ Collision with: ☐ Object ☐ Pedestrian ☐ Slip / fall
☐ Bicycle ☐ Vehicle ☐ Other

EQUIPMENT

Helmet 1 Make / Model	Helmet 2 Make/Model
Bike 1 Make / Model	Bike 2 Make / Model

BODY PART INJURED / SEVERITY (SELECT ALL THAT APPLY)

☐ Clavicle - L R ☐ Leg - L R ☐ Stomach ☐ Chest ☐ Less serious bruises, cuts, scratches
☐ Pelvis - L R ☐ Side - L R ☐ Ribs ☐ Back ☐ Severe cut w/bleeding
☐ Hand - L R ☐ Shoulder - L R ☐ Face ☐ Head ☐ Fracture ☐ Paralysis
☐ Arm - L R ☐ Hip - L R ☐ Groin ☐ Broken nose ☐ Concussion ☐ Fatality
☐ Foot - L R ☐ Eye - L R ☐ Other

DISPOSITION

☐ On-site care only
☐ EMS transport to _____
☐ Other transportation _____

NAME	ADDRESS	PHONE NUMBER
1.		( )
2.		( )
3.		( )

SIGNATURE OF PERSON COMPLETING FORM: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE** _____