## LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB") RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in Eastern Tandem Rally ("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 travelling 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 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 condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER 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 DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, their 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 WAIVER 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 HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME PARTICIPANT:

ADDRESS:			
ADDRESS: (Street)	(City)	(State)	(Zip)
PHONE:			
PARTICIPANT'S SIGNATURE (only if age 18 or over):	I HAVE READ THIS	RELEASE	
DATE:			
MINO	R RELEASE		
AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAIN AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSI CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELAND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOT THE RELEASES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLI ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUPRINTED NAME OF PARENT/GUARDIAN:	GOOD HEALTH, AND IN PROPER TO SUE, AND AGREE TO INDEMN ES, OR DAMAGES ON THE MINO LEASEES" OR OTHERWISE, INC DR, OR ANYONE ON THE MINOR'S D HARMLESS EACH OF THE REL IR AS THE RESULT OF ANY SUCH	R PHYSICAL CONDITION TO P. IIFY AND SAVE AND HOLD HAI R'S ACCOUNT CAUSED OR AL LUDING NEGLIGENT RESCUE S BEHALF MAKES A CLAIM AG EASEES FROM ANY LITIGATIO I CLAIM.	ARTICIPATE IN RMLESS EACH LEGED TO BE OPERATIONS AINST ANY OF ON EXPENSES,
ADDRESS:			
PHONE:			
PARENT/GUARDIAN SIGNATURE (only if participant is under the	ne age of 18):	READ THIS RELEASE	
DATE:			

FORM NO. LAB MINOR W&R DME #93914 (9/2003)