

## **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

**EVENT:** \_\_\_\_\_

**ORGANISER:**       **Cycle Plan/Tim Briggs**

**Date:** \_\_\_\_\_

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING OR ATTENDING THIS ACTIVITY namely the \_\_\_\_\_ including by way of example and not limited to, any risks that 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 the accommodation sites, or because of their possible liability without fault. I certify that I am physically fit and have **not** been advised to **not** participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and organizers of the \_\_\_\_\_, and that it will govern my actions and responsibilities at said activity.

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) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, or actions of any kind which may hereafter occur to me including my traveling to and from this event.
- B) I INDEMNIFY, HOLD HARMLESS, AND WILL NOT TO SUE the entity and/or persons organising this event and waive them from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that this activity or event may test a person's physical and mental limits and may carry with it the potential for death and serious injury. The risks may include, but are not limited to, those cause by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers (support personnel), spectators, event organisers, and producers of the event, and lack of hydration. These risks are not only inherent to the participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed as advisable in the event of injury, accident, and/or illness during this activity/event.

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

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extend permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

NAME OF PARTICIPANT (BLOCK CAPITALS)	
SIGNATURE	
DATE	
<b>NEXT OF KIN/EMERGENCY CONTACT DETAILS</b>	
FULL NAME	
CONTACT NUMBER	
RELATIONSHIP TO PARTICIPANT	

