

CONNECTICUT ADAPTIVE CYCLING

14 ECHO LANE
SIMSBURY, CT 06070

RELEASE OF LIABILITY – READ BEFORE SIGNING

_____ (Initial)

In consideration of being allowed to participate in any way in Connecticut Adaptive Cycling, its related events and activities, I, _____, the undersigned, acknowledge, appreciate and totally and always agree that:

1. The risk of injury from the activities involved in Connecticut Adaptive Cycling is very significant, including the potential for disability, permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for myself and,
3. I willingly agree to comply with all road and cycling rules, laws and common sense, that I will become totally familiar with, on my own, as I know Connecticut Adaptive Cycling and its representatives will not address. If, however, I observe any hazard during my presence or participation, I will remove myself from participation immediately and bring such to the attention to all others on the ride or event immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Connecticut Adaptive Cycling, Children & Adult Mobility Project, Inc., their officers, board of directors, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss, or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR PAYMENT.

Participant’s Signature

Age: _____

Date _____

Print Name

Witness Signature

Printed Witness Name:

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FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in any Valley Cycling activities as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Participants Name: _____ age _____

Parent/guardian's Signature _____ Date Signed: _____

Print Name: _____

Witness Signature: _____

Witness Print Name: _____