



Bike Michiana Sept. 16-18, 2016
Risk Waiver Form



I acknowledge that participation in the MCC Bike Michiana tour is a potentially hazardous activity. I will not participate unless I am medically able to do so, am properly trained and have resources to cover medical cost for injuries that may occur. I assume responsibility for the risks associated with participation in this event, including accidental injury or death resulting from falls, contact with other riders, and contact with traffic along the route. I will pay my own medical expenses in the event of an accident, illness or other incapacity and will not hold MCC, Amigo Centre and the ride organizers responsible for those expenses or other losses I, or my family, may incur if I am injured. I waive any and all additional notice of the existence of dangerous conditions associated with the Bike Michiana tour and assume responsibility to exercise my own judgment in evaluating those conditions.

With knowledge of these facts and in consideration of the acceptance of this entry application, I, or myself, my heirs, and anyone acting in my place or on my behalf, discharge and release MCC and Amigo Centre and the ride organizers from any and all claims and actions at law for damages or monetary awards arising out of my participation in the Bike Michiana tour including injury to my person or property caused by any act or failure to act by the above entities and persons. I will wear a helmet and obey the rules of the road. By signing my name below, I intend to be legally bound by all the terms and conditions of this assumption of risk and waiver of claims.

X _____

Rider Signature (or parent if under 18) Date

Name _____

Address _____

Email _____

Phone _____ Age _____