

Ride Leader: _____ **Ride Date:** _____
Ride Name: _____

BRBC Rider Release and Waiver Form

Note: Riders under the age of 18 must be accompanied by a responsible adult. This waiver statement must be signed by the participant or, if the participant is under the age of 18, by the participant's parent.

Waiver, Release and Assumption of Risk

In consideration of the Blue Ridge Bicycle Club, Inc. (and affiliate clubs: League of Appalchian Mountain Bikers and Girls Riding in the Streets), accepting my attendance, I hereby waive, release, and discharge the Blue Ridge Bicycle Club, Inc., and its officers, event leaders, volunteer helpers, support crew members, organizers, sponsors, participants, and all other agents or persons acting on BRBC's behalf (collectively "BRBC"), from all claims for personal injury, property damage, or death resulting from my participation in BRBC sponsored events or activities. I realize that the sport of bicycling is an inherently dangerous activity, and I assume all risks of this activity with the full understanding that serious injuries, even death, may result from participation in BRBC sponsored events and activities. I intend this release to discharge and release BRBC from any and all liability or claims arising from or connected in any way with my participation in BRBC sponsored events or activities, even though they may result from negligence or carelessness of BRBC. I acknowledge and understand that BRBC makes no warranties or representations of any kind as to the safety of the events and activities or routes used therein and undertake no responsibilities with regard to the safety of the routes, riders' equipment, or compliance by riders and others with applicable traffic and safety rules. I certify that my bicycle is in safe working condition and agree to conduct periodic inspections of my bicycle and equipment as appropriate in order to ensure their continued suitability and safety. I further agree to wear an ANSI and/or SNELL approved helmet in good condition and to obey all traffic laws at all times during BRBC sponsored events and activities. I understand and acknowledge that bicycling is a strenuous physical activity and that it is my responsibility to obtain an appropriate physical examination and permission from my treating health care providers prior to participating in BRBC events and activities, and certify that I am in good physical condition. I have read this waiver, release, and a agreement and fully understand its terms, and agree that it shall be binding on my heirs and assigns. I give my permission for such emergency medical treatment as may be reasonably determined to be necessary.

Please print out all information and sign your name.

BRBC members with yearly signed waiver just need to fill in Name.

Name				Member?		Name				Member?	
Address											
City/Zip											
Phone	() -	Emergency	() -								
email											
Signature											
Name				Member?		Name				Member?	
Address											
City/Zip											
Phone	() -	Emergency	() -								
email											
Signature											
Name				Member?		Name				Member?	
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Name				Member?		Name				Member?	
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Phone	() -	Emergency	() -								
email											
Signature											