BIKE #

PARTICIPANT AND VOLUNTEER ACCIDENT WAIVER AND RELEASE OF LIABILITY
2013 BIKE THE COAST

I acknowledge that this athletic event is a serious test of a person's physical and mental limits and carries with it the potential for death, serious injury and negligent or intentional property loss, including theft. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, intentional or negligent actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability 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 them or because of their possible liability without fault. I agree to wear an approved helmet while riding in this event and to follow all California Vehicle Code traffic laws.

I certify that I am physically fit enough to attempt to participate or volunteer for this event, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event owners, sponsors, government entities and other organizers, and that it will govern my actions and responsibilities stemming from my involvement in any way, including participation in and volunteering for this event.

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) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: All governmental entities; including BUT NOT LIMITED TO: Cities of: Oceanside and Harbor and Beaches of Oceanside, Carlsbad, Encinitas, Solana Beach, Del Mar and San Diego; The County of San Diego; San Diego County Sheriffs; The State of California, California State Parks, Tri-City Healthcare District, Event Media, Inc, LBI, Inc., LYNQE LLC, San Diego County Bicycle Coalition, Oceanside Ale Works, Markstein Distributors, Oceanside Bicycle Committee, MainStreet Oceanside, Omega Bike Shop, Performance Bicycle Shop, Revolution Bicycle Shop, Ride Cyclery, Supersports Photography: their respective directors, officers, employees, volunteers, representatives, and agents, the event owners, event sponsors, event directors, event volunteers, co-participants and event vendors; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entitles as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed, videoed, filmed or otherwise have my likeness, voice or a combinational recorded. I agree to allow my photo, video or film or sound likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document, I understand its content and I agree.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
If under 18, Parent or Guardian Print Name	Parent/Guardian Signature	Date

EMERGENCY INFORMATION

_____	_____
Emergency Contact Name	Relationship

(_____)_____
Emergency Contact Phone Number