

**Release Of Liability. This Must Be Signed. Please Read Carefully.**

I realize that the *Discover Hartford Bicycling And Walking Tour* (the "Tour") requires physical conditioning, and I represent that I am in sound medical condition, and that I have no physical or medical condition that would endanger myself or others.

I accept responsibility for the condition of my bicycle and agree to abide by all rules of the Tour, especially the wearing of an ANSI, SNELL, or ASTM approved bicycle helmet at all times while riding my bicycle on the Tour. I agree to follow all instructions of leaders and volunteers. I understand this is not a race, and I will abide by all traffic and pedestrian laws and requirements. I understand that bicyclists may ride two abreast, unless conditions warrant otherwise.

I understand and am aware that there are a variety of specific risks and dangers inherent in a voluntary bicycling and walking event, including, falls, collisions with other bicyclists, motor vehicles or stationary objects; adverse weather conditions; and those caused by conditions of the road. I also understand that by bicycling in the Discover Hartford Bicycling and Walking Tour I will be riding my bicycle on public roads with many other bicyclists, some of which may be inexperienced at riding in groups. I understand that bicycling and walking involve a risk of injury, and that injuries are an ordinary occurrence of the an event like the Tour, and while particular rules, equipment, safety instruction, and personal discipline may reduce this risk, the risk of injury does exist. I accept the fact that bicycling and walking can be hazardous, and in rare cases, include serious injury.

I agree, for myself and on the behalf of my heirs and anyone authorized to act on behalf of either, to freely and expressly assume and accept any and all risks relating to this event. I agree to release the sponsors and promoters of the Tour, including the Central Connecticut Bicycle Alliance, its officers, officials, agents and/or employees, volunteers and its Affiliated Parties for injuries or damages, which result, either directly or otherwise, from my participation in the Tour. I understand that the term Affiliated Parties as used in this waiver includes partners, sponsors, volunteers, property owners or lessors, government agencies, and others endorsing, planning, or carrying out any component of the Tour. I agree not to make a claim against or sue the Central Connecticut Bicycle Alliance or its Affiliated Parties for injuries or damages related to the Tour.

I am aware that this is a release of liability. I am signing it freely and of my own accord and I recognize and agree that it is binding upon myself, my heirs and assigns, and in the event that I am signing it on behalf of any minors, I have full legal authority to do so, and realize the binding effect of this contract on them, as well as on myself. I agree to allow the Central Connecticut Bicycle Alliance to use photographs, videos, or sound recordings of me for promotional purposes. If I am under 18 years of age I must participate on the Tour with an adult registrant who will accompany me on the ride or walk.

Print Participant Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MINOR RELEASE: In addition to the above agreement, I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

If parent/Guardian is not the accompanying adult, please note the name of the adult registering for the Tour who will accompany the minor \_\_\_\_\_