

U.S. Blind Tandem Cycling Connection

ASSUMPTION OF RISK, WAIVER OF LIABILITY And INDEMNITY AGREEMENT

Waiver: In consideration of being permitted to participate as either a pilot (the sighted cyclist) or stoker (the visually impaired cyclist) in any cycling activity facilitated through the U.S. Blind Tandem Cycling Connection and/or its website, I, for myself, my heirs, personal representatives or assigns, **do hereby waive and release from any liability whatsoever** the U.S. Blind Tandem Cycling Connection, its officers, employees, and volunteers, the pilot (if I am the stoker) or the stoker (if I am the pilot) and agree **not to sue** any party for any property loss, damage, or bodily injury (including death), however caused, which may result from my participation in tandem cycling as either pilot or stoker.

Assumption of Risk: Participation in blind tandem cycling carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The risks range from minor injuries such as scratches, bruises, and sprains to major injuries such as broken bones, to catastrophic injuries including paralysis and death. I agree to wear an approved helmet on all rides.

I have read the previous paragraphs, or have had them read to me, and I understand and appreciate these and other risks that are inherent in this activity and fully assume the risks associated with blind tandem cycling (initials ____).

Indemnification: I agree to INDEMNIFY AND HOLD HARMLESS the U.S. Blind Tandem Cycling Connection from any and all claims, actions, suits, expenses, damages and liabilities brought as a result of my involvement in blind tandem cycling and to reimburse them for any such expenses incurred.

Acknowledgment: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name

Signature

Date

U.S. BLIND TANDEM CYCLING CONNECTION
Assumption of Risk, Waiver of Liability and Indemnity Agreement

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent and/or guardian of the above named minor. I have read and understand the above Assumption of Risk, Waiver of Liability and Indemnity Agreement involves surrendering valuable legal rights of the minor and myself. I agree to be bound by all terms of this agreement. I also give my consent to the participation in blind tandem cycling by the minor.

Signature of Parent/Legal Guardian

Date