RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("Agreement") for

LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")

(this form is to only be used for Individual Adults or for Adults on behalf of Minors)

IN CONSIDERATION of being permitted to participate in any way in Friends of Cycling in Elk Grove (enter name of LAB Club) ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation in the Activity.
- 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. And, I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S SIGNATURE (only if age 18 or over): I HAVE READ THIS RELEASE

PARTICIPANT'S NAME (PRINTED):

NDDRESS:				
(Street)	(City)		(State)	(Zip)
PHONE: ()		DATE:		
	NOR RELEASE Participants Under the A	Age of 18)		
IND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTA CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD F IEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE IABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOF IEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLI THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AN IARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPEN	HEALTH, AND IN PROF TO INDEMNIFY AND S R'S ACCOUNT CAUSEI IGENT RESCUE OPER, GAINST ANY OF THE	PER PHYSICAL CO AVE AND HOLD H D OR ALLEGED T ATIONS AND FUR RELEASEES NAM	Ondition to Participate I Iarmless Each of the Re To be Caused in Whole I'her agree that If, Desp Ed Above, I Will Indemnii	N SUCH ACTIVITY. I ELEASEES FROM ALL OR IN PART BY THE ITE THIS RELEASE, I, FY, SAVE, AND HOLD
MINOR'S NAME (PRINTED):			BIRTH DATE OF MINOR: _	
SIGNATURE OF MINOR PARTICIPANT:	HAVE READ THIS R	ELEASE		
PARENT/GUARDIAN NAME (PRINTED):				
PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):_		I HAVE READ	THIS RELEASE	
ADDRESS:	(01)		(CL-L-)	/7'-\
(Street) PHONE: ()	(City)	DATE:	(State)	(Zip)

FORM NO. LAB MINOR W&R DME #480846 (1/2007)

Emergency Contact Information and Photo Release

Name:		
Emerge	ency Contact Name:	
Emerge	ency Contact Phone Num	ber:
I give p	permission to FCEG to use	my image in social media posts and future FCEG materials:
	Yes	
	No	
_	to comply with the Cycli to leave if I don't comply:	ng During the Pandemic Guidelines and understand that I'll be
	Yes	
	No	

Additional Safety Information

FOLLOW THE LAW - Your safety and the image of bicyclists depend on you. You have the same rights and duties as drivers. Obey traffic signals and stop signs. Ride with traffic; use the rightmost lane headed in the direction you are going.

BE PREDICTABLE - Make your intentions clear to motorists and other road users. Ride in a straight line and don't swerve between parked cars. Signal turns and check behind you well before turning or changing lanes.

BE CONSPICUOUS - Ride where drivers can see you; wear bright clothing. Use a front white light and red rear light and reflectors at night or when visibility is poor. Make eye contact with drivers.

THINK AHEAD - Anticipate what drivers, pedestrians, and other bicyclists will do next. Watch for turning vehicles and ride outside the door zone of parked cars. Look out for debris, potholes, and utility covers. Cross railroad tracks at right angles.

RIDE READY – Make sure your tires have sufficient air, brakes are working, chain runs smoothly, and quick release wheel levers are closed. Carry repair and emergency supplies. Wear a helmet.

Please scan and email completed waivers to egvbikes@gmail.com.