**Tour de Cookie WAIVER OF LIABILITY**

For consideration of participation in the Tour de Cookie event to be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, waive and release Rotary International, its chapters, directors, officers, administrators, representatives and executors, past and present employees, volunteers, agents, supervisors, participants, all city and state governments, assigns, all sponsors, their representatives and successors and other persons (collectively, the “Releasees”), from any and all claims, liabilities, or causes of action arising out of an injury to me (or my child) and from any and all claims, liabilities, or cause of actions arising from my (or my child’s) participation or attendance in this event.

**Inherent and Potential Risks**

I understand that Tour de Cookie involves strenuous physical activity associated with bicycling long distances. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating in Tour de Cookie relating to the risk of strenuous physical activity, collisions with other riders, or falling off of my bicycle.  I acknowledge that I (or my child) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death.   I assume all risks from contact with other participants and volunteers, negligent or wanton acts of other participants and volunteers, any defects of conditions of road surfaces (including uneven or wet road surfaces or gravel on the road surface), failure of cyclists, vehicles, and non-participants to observe traffic signals or laws, and the effects of weather including high heat, thunderstorms, lightning, precipitation, cold temperatures, high winds, and/or humidity.

I acknowledge that my participation in Tour de Cookie may involve time off of my bicycle where I am still attending the Tour de Cookie event.  I assume all risk for any and all activities in addition to cycling that I (or my child) engage in throughout the entirety of the event, including my (or my child’s) safety  from the beginning of Tour de Cookie to the conclusion of the event.

I agree to dress myself (or my child) appropriately as to mitigate risk of physical injury to myself (or my child) including, but not limited to: wearing shoes appropriate for cycling and dressing in conjunction with the weather. I understand that wearing a helmet that satisfies Consumer Product Safety Commission (“CPSC”) standards is a requirement to participate in Tour de Cookie. I agree to wear a helmet that satisfies CPSC standards for the entirety of my participation in Tour de Cookie.

I agree that the Releasees are not responsible for any personal items or property lost or stolen before, during, or after Tour de Cookie.

**Medical Evaluation**

I attest that I (or my child) am medically and physically able to participate in Tour de Cookie. If I experience any doubt as to my (or my child’s) ability to successfully and safely participate in and/or complete Tour de Cookie, I take full responsibility for consulting a physician. I attest that, if I (or my child) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my child) should have or did consult a physician prior to participating in Tour de Cookie. I consent to emergency medical care and transportation in the event of injury to me (or my child) as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligent emergency rescue operations.

**Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue**

In consideration for being permitted to participate in Tour de Cookie, I voluntarily agree for myself, my family, heirs, assigns, executors, and administrators to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me (or my child), or any loss or damage to property owned by me (or my child), as a result of participating in Tour de Cookie.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE** the Releasees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my child), or to any property belonging to me (or my child), while participating in Tour de Cookie including, but not limited to, any claim that the act or omission complained of **was in whole or in part by the negligence or carelessness of the Releasees**.

**Acknowledgment and Compliance with Rules**

I agree to observe all rules and safety procedures that accompany Tour de Cookie and to abide by any decision of an event official relative to my (or my child’s) ability to safely participate in the event. I agree to exhibit appropriate behavior at all times and to obey all laws. Event officials may dismiss me (or my child), without refund, should my (or my child’s) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

**Severability**

I agree that if any portion of this Release is deemed to be invalid, the remainder of the Release will still be binding and enforceable.

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**I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ONLY COMPLETE BELOW SECTION IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

I attest that I am in fact the parent or legal guardian of the above-named participant. I hereby give my approval to this child’s participation in Tour de Cookie. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees for any claim arising or any injury to my child and from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my child’s participation in Tour de Cookie. I consent to the foregoing and grant permission for my child to participate in Tour de Cookie. I attest that my child, the above-named participant, is a minimum of twelve (12) years of age as of the date of this event and that my child will be accompanied by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of adult twenty-one (21) years of age or older) (“Temporary Guardian”) throughout his or her participation in Tour de Cookie. I entrust Temporary Guardian with the health and well-being of my child throughout the duration of the event.

I acknowledge I have carefully read, accept, and agree to the terms on this Release, and know and understand their contents and I sign the same on my own free act and deed. Witness of signature provided by the parent or legal guardian of the above-named participant is required.

**Participant Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**