

Rotary Lilac Ride Accident Waiver and Release of Liability

I acknowledge that the Rotary Lilac Ride is a physical event and I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. I certify that I have been fully vaccinated to attend indoor and outdoor events in accordance with Provincial and Regional Health Guidelines.

I certify that my bicycle is well maintained and suitable for the purpose of riding in this event. I agree to wear a bike helmet at all times while riding my bicycle in this event.

I acknowledge that this athletic event is a test of a person's physical and mental limits and takes place on public highways with motor vehicle traffic, it therefore carries with it the potential for death, serious injury and /or property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, motor vehicle drivers, event officials, event monitors and/or producers of the event; lack of hydration, road conditions, road traffic, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the Rotary Club of Picton and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at the 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) I hereby waive, release, and discharge THE ROTARY CLUB OF PICTON and their directors, officers, members, volunteers, representatives, event sponsors and agents, from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may arise from the event or from my traveling to and from this event, and
- (B) I hereby agree to indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that 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. I agree to allow my photo, video, or film 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 the applicable law.

Please register each participant separately. By registering and submitting Payment, I hereby certify that I have read this document and I understand its content.

NOTE: Youth Rider (15 years and under) – Must be accompanied by an Adult Rider

Youth Rider - Name: _____ (Please Print)

Adult Rider / Guardian - Name: _____ (Please Print)

Youth / Adult Rider / Guardian - Signature: _____ Date: _____