



Waiver Form
The 7th Annual
“Ride/Run/Walk for Children @ Quarry Walk”
Sunday, June 10, 2018

I, _____, wish to participate in the Ride/Run/Walk Event for Children @ Quarry Walk, the BHcare Ride/Run/Walk event to raise awareness and funds to support the nonprofit mission of the Lower Naugatuck Valley Parent Child Resource Center (PCRC). I understand that while training for and participating in this event, I will be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during this event or during the training for this event, which could result in serious injury or death. I am voluntarily participating in this event and in the training for this event with knowledge of the dangers involved and I agree to accept all risks of injury or death.

In consideration for being permitted to participate in this event to support PCRC, I agree to assume all risks and to release, hold harmless and covenant not to sue the Lower Naugatuck Valley Parent Child Resource Center, and any designated beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the event, volunteers, government or public entities and affiliated organizations and all their respective directors, officers, agents, employees and members from any claim, loss or liability that I may have arising out of my participation in the event, including bodily injury, death or property damage, whether caused by negligence or carelessness of the releases or otherwise.

I am physically capable of participating in this event. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my training for and participation in this event. I acknowledge that I and I alone, am entirely responsible for my personal health and safety, and the personal property I bring with me.

I understand that if I participate in the bicycle ride, I am responsible for providing my own helmet for safety. I acknowledge that I have been advised to wear an approved helmet while cycling.

I understand that all donations processed by The Lower Naugatuck Valley Parent Child Resource Center are non-refundable and non-transferable even if I don't participate in the event.

I understand that my name, photograph, voice or likeness may be used by The Lower Naugatuck Valley Parent Child Resource Center and their sponsors, beneficiaries, licensees, affiliates, and employees. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. And I understand that I will not benefit financially from any use thereof.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that by accepting this Waiver and Release, I am waiving legal rights and knowing this, I accept it of my own free will.

Applications for minors under 18 will be accepted only with parent or legal guardian's signature (on ride day.) Riders sixteen and under must be accompanied on the ride by a parent or responsible adult.

Signature: _____

Date: _____