



Food Cycle Ride • 324 Hill Street East, Fergus, Ontario N1M 1H4
Tel: 519.835.4360 • Email: contactfcr@foodcycleride.ca

RELEASE, WAIVER AND INDEMNITY. PLEASE READ & SIGN. **DATE:** _____
(one form for each rider)

In consideration of the acceptance of my entry, I, for myself, my heirs, executors and administrators, do hereby release and forever discharge the Food Cycle Ride, and its officials, volunteers, sponsors and any other parties connected with the Food Cycle Ride event, including, but not limited to: Wellington County, the Township of Centre Wellington, the Regional Municipality of Waterloo, the Township of Woolwich, the Centre Wellington Food Bank and the Grand River Conservation Authority from all claims for damages, death, personal injury or loss of property, I may have as a result of my participation in the Food Cycle Ride recreational A bicycle ride being held on Sunday May 26th, 2019. I am also aware that the ride may contain some risks, including the risk of falling, collision with other bicycles, motor vehicles or stationary objects, the effects of weather conditions, and the conditions of the road. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in the Food Cycle Ride.

I hereby consent to and permit emergency treatment in the event of injury or illness. I attest that I am physically capable and sufficiently trained to ride in the Food Cycle Ride. I attest that the equipment I will use is in good mechanical condition. **I UNDERSTAND THAT BICYCLE HELMETS CAN PREVENT SERIOUS INJURY AND I AGREE TO WEAR ONE WHILE PARTICIPATING IN THIS EVENT** and that at no time will I wear anything such as a baseball cap or headphones that may inhibit the correct use of a properly worn helmet.

I agree to obey all Ontario Highway Traffic Act laws. I agree not to sue and I further agree to indemnify and save harmless the Food Cycle Ride, and its officials, volunteers, sponsors and any other parties connected with the Food Cycle Ride event, including, but not limited to: Wellington County, the Township of Centre Wellington, the Regional Municipality of Waterloo, the Township of Woolwich, the Centre Wellington Food Bank and the Grand River Conservation Authority from all expenses, fees, liability or damage award or cost of any type whatsoever arising from my participation in this event.

NOTE: By signing this waiver you also agree that any photo of you taken as part of the FCR event may appear in any or all of our marketing material.

I have read and understand everything written above and I voluntarily sign this agreement.

PLEASE READ & SIGN THIS FORM. REGISTRATION WILL NOT BE ACCEPTED WITHOUT A VALID SIGNATURE.

Name of Rider (please print)

Signature of Rider & Date

MINORS:

Individuals under the age of 18 must obtain a **SIGNATURE OF A PARENT OR GUARDIAN.**

By signing this release, I as a parent or guardian of the minor participant above, hereby give permission for my child or ward to participate in the Food Cycle Ride and I further agree individually and on behalf of this minor to the terms of the above release.

Name of Parent of Guardian (please print)

Signature of Parent or Guardian & Date

YOU RIDE *Because* **YOU CARE**