

VOLUNTARY WAIVER AND RELEASE OF LIABILITY
FOR CITY OF CHANDLER FAMILY BIKE RIDE

THIS IS A WAIVER AND RELEASE OF LIABILITY—YOU MUST READ AND FULLY UNDERSTAND THIS BEFORE SIGNING -- IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS

Participant Name: _____

Address: _____

City State Zip Code

Phone: (____) _____ E-Mail Address: _____

I, THE NAMED PARTICIPANT, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby acknowledge that I voluntarily have applied to participate in the City of Chandler Family Bike Ride in Chandler, Arizona. I understand that the acts of bicycling involve known and unknown risks of injury to me and other people and damage to real and personal property, which include but are not limited to death, permanent or temporary paralysis, disability, illness, or disease, physical or mental damage and/or other injury, as well as damage to my equipment and personal property. Some of these risks include the inherent risks associated with bicycling such as falling and coming into contact with other bicyclists and latent or apparent defects or conditions in equipment or property, and passive or active negligent acts of myself, the City of Chandler, promoters, officials, advertisers, property owners and other users of the parks. I understand that the above list of risks is not complete or exhaustive and that those and other risks known or unknown, anticipated or unanticipated may also result in injury, death, illness, disease to myself or third parties and to destruction or damage to property. I voluntarily agree and promise to accept and assume responsibility and liability for injuries, death, illness or damage to myself or my property arising from participation in this activity. I further understand that the City of Chandler assumes no liability for loss, damage, or any kind of injury sustained by myself or my property while using the Parks. **I, therefore, assume all risks associated with participating in the City of Chandler Family Bike Ride, even if they arise from the negligence or other fault of Chandler and any employee or agent of Chandler, promoters, officials advertisers, and third parties and/or property owners.** My participation in this activity is voluntary and no one is forcing me to participate in spite of the risks. I understand the effect of this waiver and the acceptance of risk as to my legal rights.

By signing this release of liability, I hereby fully and forever release and discharge, indemnify and hold harmless the City of Chandler and their employees and agents from and all liabilities, claims, demands, damages, rights of action, suits or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my use or intended use of said park premises, facilities or equipment. I fully and forever release and discharge the City of Chandler and their employees and agents from any and all liability and omissions in the same and it is my intent to be legally bound by this release. I also agree to abide by the rules of the Parks including wearing required protective gear.

FOR PARTICIPANTS UNDER 18 YEARS OF AGE

This is to certify that I, as a parent or guardian with legal responsibility for the above named participant, do consent and ratify his/her release of the City of Chandler, and its agents and employees, and, for myself, my heirs assigned, personal representatives and next of kin, I release and agree to indemnify and hold harmless the City of Chandler, and its agents and employees from any and all liabilities incident to my minor child's involvement or participation in the City of Chandler Family Bike Ride as provided above, even if arising out of negligence or other fault of the City of Chandler, and/or its agents and/or employees, to the fullest extent permitted by law. I have carefully read this release of liability and understand and fully agree with its contents. I UNDERSTAND THAT THIS IS A WAIVER AND RELEASE OF LIABILITY AND THAT I AM GIVING UP EVERY RIGHT I HAVE TO RECOVER FOR ANY INJURY, DAMAGE OR DEATH OCCURRING AS A RESULT OF THE USE OF THE FACILITIES.

Name of participant using facility (Print)

____/____/____
Date of Birth

Signature of participant using facility

Today's Date ____/____/____

Phone(____)____ - _____