



Memory Ride 2011 Release Form and Waiver of Liability

Please return this form to the Alzheimer's Association by **July 11, 2011**.
If you register **after July 11th**, please bring this form to the ride.

Send completed forms to:
Alzheimer's Association, Attn: Memory Ride
311 Arsenal Street, Watertown, MA 02472

PUBLICITY RELEASE FORM - I hereby give and grant the right to use my name and/or the right to photograph my physical likeness in any manner you desire and/or the right to reproduce and record my voice or other sound effects made by me and I hereby consent to the use of my name and/or said photograph, likenesses and any reproduction thereof and/or the recordation and reproduction of my voice and other sound effects, by you, your licenses, successors and assigns, and/or in connection with the production, exhibition, distribution, advertising and exploitation and/or other use of any of your photoplays and/or otherwise.

MASSAGE RELEASE FORM - I understand that massage therapy given here is for the purpose of relief from muscular tension or spasm, stress reduction or for increasing circulation or energy flow, and that the massage therapist does not diagnose illness, disease or other physical or mental disorder. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

LEAGUE OF AMERICAN BICYCLISTS ("LAB") RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT") - IN CONSIDERATION of being permitted, to participate in any way in Memory Ride produced Alzheimer's Association Massachusetts/New Hampshire Chapter ("Association") sponsored Bicycling Activities (including but not limited to training rides or group activities of any nature) associated with ("Activity"). I, for myself, my personal representatives, assigns, heirs, and the next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such an Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue any further participation in the Activity.
2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); these Risks and dangers may be caused by my own actions, in actions, or the actions or inactions of others participating in the Activity, the condition in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEE" NAMED BELOW: (b) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND CONVENANT NOT TO SUE the Association, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, or affiliates including but not limited to Alzheimer's Association, Commonwealth of Massachusetts, and if applicable lessors of premises on which the Activity takes place, (each considered on of the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS DEMANDS, LOSSES, OR NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that if despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against an of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS OF EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. **My signature below also indicates agreement with the Statements above.**

Name: _____ Signature: _____ Date: _____

I have read the Memory Ride "Safety on the Road" rules.

Name: _____ Signature: _____ Date: _____

I have read and agree to abide by the Memory Ride Policies.

Name: _____ Signature: _____ Date: _____