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WAIVER AND RELEASE FROM LIABILITY

I understand that participating in Bike MS: Ohio Valley can potentially be a hazardous activity presenting risk. For consideration of participation in the event, I freely accept and voluntarily assume the risks of personal injury or property damage that may result.

I, and anyone entitled to act on my behalf, waive and release from all claims and liabilities of any kind arising out of my participation, even though that liability may arise out of negligence or carelessness on my part. I agree to hold harmless the National MS Society, corporate sponsors, volunteers, cooperating organizations and all parties connected with this event from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and give permission to use my name and any photos taken of me during the event in any promotional materials, publications or websites.

I acknowledge that wearing a helmet is a requirement of the event, and I agree to wear a helmet at all times while on the route. I understand that the route will be open during the following hours only: Saturday from 7:30 a.m. until 4 p.m. and Sunday, from 7:30 a.m. until 4 p.m. I acknowledge that if I choose to remain on the route at times other than those listed above, that I do so of my own volition and will be unsupported by the National MS Society. I understand that the National Multiple Sclerosis Society reserves the right to dismiss anyone that may cause disturbance or otherwise jeopardize the safety of him/herself, other cyclists, volunteers or staff.

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE AND THAT I UNDERSTAND THE SIGNIFICANCE OF ITS INTENT.

Print Full Name		
Signature		
Parent/Guardian Signature (if under 18)		
Date	Notarization	
NOTE: minors under the age of 18 must have this waiver signed by parent and notarized		
EMERGENCY CONTACT INFORMATION (of someone NOT riding in this event):		
Contact's Name		
Phone Number		