

Tour de Pepper Rider Waiver

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this waiver will be used by the event holders, sponsors and organizers, with respect to the bicycle race event in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, personal representatives, and assigns as follows:

- a) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, The following entities or persons: Kids Across Cultures, Dublin Dr. Pepper and their directors, officers, employees, volunteers, representatives, and agents, the event sponsors, event directors, event volunteers;
- b) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns. I agree to wear a helmet, ride single file and obey all rules of the road.

This waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and I understand its content.

PARENT / LEGAL GUARDIAN WAIVER FOR MINORS: The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Please Detach and Return the Portion Below and payment made out to Tour de Pepper Bike Ride to:
Kids Across Cultures, 2792 A West Washington, Box 166, Stephenville, TX 76401

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Age _____ Birthday _____ Gender M F

How Did You Hear About This Event? _____

Route 9mile 34mile 62mile

A \$30 early registration fee for all distances until Saturday, June 4, 2011. After this date, all routes have a fee of \$40.

Checks made payable to: Kids Across Cultures Tour de Pepper.

Amount Enclosed _____ T-shirt Size _____

By registering, I confirm that I have read the Tour de Pepper rider waiver listed above and agree to all of its terms and conditions.

Rider/Guardian Signature _____ Date _____