Official Waiver form for the 2017 DC Seersucker Social Ride

In consideration of the right to participate in the 2017 DC Seersucker Social ride, the undersigned freely acknowledges the dangers of participating in a bike tour and fully assumes all risks, including but not limited to collision with pedestrians, vehicles, other riders, and/or fixed or moving objects, the negligence of other riders, all sponsors or promoters or drivers, dangers arising from falls, weather conditions, road surfaces, equipment failure, inadequate safety equipment and personal or property injury which I might sustain. I agree to bear all expenses incurred should an injury/accident occur. I represent that I am in sound medical condition and have no physical or medical impairment which would endanger myself or others.

I will observe/obey all bike tour requirements as well as the traffic laws and regulations of the District of Columbia. I understand that if I leave the route, I am no longer on the bike tour. I also give permission for the use of my name and/or likeness in any newspaper, broadcast, or other account of this event. Wherefore, as evidenced by my signature/agreement below, I waive, release, discharge for myself, my heirs, executors and administrators/legal representatives any and all rights and/or claims which I have, may have or may thereafter accrue to me against the sponsors and promoters or their agents, officers and employees for any and all claims which may be sustained by me. I am 18 years of age.

_____

Signature (at least 18 years of age) Full Name Date

_____

Emergency Contact: Name & Number

==========

Official Waiver form for the 2017 DC Seersucker Social Ride

In consideration of the right to participate in the 2017 DC Seersucker Social ride, the undersigned freely acknowledges the dangers of participating in a bike tour and fully assumes all risks, including but not limited to collision with pedestrians, vehicles, other riders, and/or fixed or moving objects, the negligence of other riders, all sponsors or promoters or drivers, dangers arising from falls, weather conditions, road surfaces, equipment failure, inadequate safety equipment and personal or property injury which I might sustain. I agree to bear all expenses incurred should an injury/accident occur. I represent that I am in sound medical condition and have no physical or medical impairment which would endanger myself or others.

I will observe/obey all bike tour requirements as well as the traffic laws and regulations of the District of Columbia. I understand that if I leave the route, I am no longer on the bike tour. I also give permission for the use of my name and/or likeness in any newspaper, broadcast, or other account of this event. Wherefore, as evidenced by my signature/agreement below, I waive, release, discharge for myself, my heirs, executors and administrators/legal representatives any and all rights and/or claims which I have, may have or may thereafter accrue to me against the sponsors and promoters or their agents, officers and employees for any and all claims which may be sustained by me. I am 18 years of age.

_____

Signature (at least 18 years of age) Full Name Date

_____

Emergency Contact: Name & Number