



18+

DEADLINE: AUGUST 21

### 2009 CITY TO SHORE CYCLIST WAIVER AND SAFETY PLEDGE

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### ROUTE OPTIONS Please check the route you plan to ride

- 25-mile, one day     50-mile, one day     75-mile, one day  
 100-mile, one day     75-mile, Saturday & Sunday     100-mile Saturday, 75-mile Sunday

#### BIRTH DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_

#### AVERAGE SPEED Please check your average speed

- Elite (17+ mph)     Moderate (11-16 mph)     Relaxed (<10 mph)

#### TRANSPORTATION, ONE-DAY CYCLISTS

Will you be taking the Bike MS return shuttle back to your start location?  Yes     No

#### SAFETY PLEDGE

The following "Rules of the Ride" must be followed while participating in the National Multiple Sclerosis Society, Greater Delaware Valley Chapter Bike MS Ride. Any cyclist who does not adhere to the rules will be asked to leave the event.

#### ALL CYCLISTS MUST READ AND INITIAL THE FOLLOWING

- Initials \_\_\_\_\_ I will obey N.J. traffic laws. I understand that cyclists have the same rights/responsibilities as motorists.  
Initials \_\_\_\_\_ I will wear a helmet.  
Initials \_\_\_\_\_ I will ride predictably so that motorists and other cyclists can anticipate my next move and react accordingly.  
Initials \_\_\_\_\_ I will never ride more than two cyclists abreast and will ride single file in narrow shoulders.  
Initials \_\_\_\_\_ I will use hand signals to indicate turns, and look before changing lanes.  
Initials \_\_\_\_\_ I will not wear headphones or use a cell phone while riding.  
Initials \_\_\_\_\_ I will pass other cyclists on the left and only after calling out, "On your left."  
Initials \_\_\_\_\_ I will ride at a safe distance behind the cyclist in front of me.  
Initials \_\_\_\_\_ I understand that I am expected to leave the start no earlier or later than the posted start time. I also understand that the ride officially ends at 5 p.m. each day and if I choose to remain on the road after 5 p.m., I do so at my own risk.

#### WAIVER AND RELEASE FROM LIABILITY

With respect to the **Bike MS** event ("Event") to be held October 3 through October 4, 2009 with the National Multiple Sclerosis Society ("NMSS"), Greater Delaware Valley Chapter ("Chapter"), for consideration of participation, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this potentially hazardous activity.

I, for myself, my family, and my heirs, **waive and release all claims and liability of any kind arising out of my participation and agree to hold harmless** the NMSS and the Chapter, corporate sponsors, cooperating organizations and all parties connected in any way with this Event, and their successors and assigns, from any liability as a result of my participation, including those which arise out of an intentional act or omission by a person I am releasing.

I understand the inherent risks of bicycling in groups and participating in the Event. **I warrant that** (i) I am healthy and physically capable of participating in the Event, (ii) my bicycle and other equipment are safe and in working condition, (iii) as evidenced by my initials above, I will observe all the Rules of the Ride, (iv) I will wear a helmet. If I do not follow traffic rules or the rules of the Event, I consent to being removed from the Event and will ride at my own risk, unsupported by event staff.

I consent to medical treatment in the event of injury or illness while participating and give permission to NMSS and its local chapters to use my name, likeness, any photographs or any other media, including video or audio, relating to the Event for any proper purpose and on the NMSS Web site.

I certify that I have read and understand the intent of this waiver and release.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGN AND MAIL OR FAX BACK TO 215-271-6122**