

2009 PA DUCTH CYCLIST WAIVER AND SAFETY PLEDGE

DEADLINE: JUNE 19

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

ROUTE OPTIONS Please check the route you plan to ride for each day

Saturday: 50-mile 75-mile 100-mile

Sunday: 50-mile 75-mile 100-mile Not riding

BIRTH DATE

____/____/____

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 Pa. 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.
- Initials _____ I have reviewed the safety brochure with my minor.
- Initials _____ I understand that during the event weekend, I must accompany my minor at all times, maintaining a 1:1 ratio.
- Initials _____ I understand that my minor and I must attend a NMSS-sponsored, League of American Bicyclists Group Riding Skills course prior to the event.

WAIVER AND RELEASE FROM LIABILITY

With respect to the **Bike MS** event ("Event") to be held on July 18 through July 19, 2009 with the National Multiple Sclerosis Society ("NMSS"), Greater Delaware Valley Chapter ("Chapter"), I hereby grant my child _____, permission to participate in this event. 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 on behalf of my child. I agree that I will accompany my child at all times during the Event.

I, for myself, my family, and my heirs, **waive and release all claims and liability of any kind arising out of my child's participation and agree to hold harmless** the NMSS and the Chapter, corporate sponsors, cooperating organizations and all parties connected any way with this Event, and their successors and assigns, from any liability as a result of my child's participation, including those which arise out of an intentional act or omission by a person I am releasing. I understand that it is the National MS Society, Greater Delaware Valley Chapter's policy that every child must be accompanied by a responsible adult over 21 years of age at all times.

I understand the inherent risks of bicycling in groups and participating in the Event. **I warrant** that (i) my child is healthy and physically capable of participating in the Event, (ii) my child's bicycle and other equipment are safe and in working condition, (iii) as evidenced by my initials above, I have taken the responsibility to inform my child to observe all the "Rules of the Ride for a child between the ages of 10 & 11" and ensure proper training has occurred, including our attendance at the Group Riding Skills course, (iv) my child will wear a helmet, (v) I have reviewed the Bike MS Safety Brochure with my child. If my child does not follow traffic rules or the rules of the Event, I consent that my child and I will be removed from the Event and will ride at our own risk, unsupported by event staff.

I consent to my child's medical treatment in the event of injury or illness while participating and give permission to NMSS and its local chapters to use my child's 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: _____ Age of Participant: _____

Signature is required by Parent or Legal Guardian for all participants under the age of 18. Witness of signature provided by Notary Public is also required.

Parent/Legal Guardian Name _____ Date: _____

Parent/Legal Guardian Signature: _____

Notary Public: _____

Date: _____

