

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT (“AGREEMENT”)
FOR LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS (“LAB”)**

(This form is for multiple club adult participants and/or single minor only)

IN CONSIDERATION of being permitted to participate in any way in Santa Rosa Cycling Club Bicycling Activities (“Club”) sponsored Bicycling Activities (“Activity”) I, for myself, my personal representatives, assigns, heirs, and next of kin: Santa Rosa Cycling Club, Inc.

1. Acknowledge, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“Risks”); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may occur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT’S SIGNATURE	PRINTED NAME	CONTACT PHONE	DATE
<u>I HAVE READ THIS RELEASE</u>	_____	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____	_____

Minor’s Parent or Guardian release:

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL HEALTH TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

<u>NAME OF MINOR</u>	_____	_____	_____
<u>I HAVE READ THIS RELEASE - PARENT OR GUARDIAN</u>	_____	_____	_____

<u>SIGNATURE AND TITLE OF WITNESS</u>	<u>ADDRESS</u>	<u>PHONE / DATE</u>	_____
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INCIDENT REPORTING INSTRUCTIONS

Whenever an Accident Occurs:

An Incident Report form must be completed immediately after an accident occurs and mailed or faxed to American Specialty Insurance & Risk Services, Inc. as indicated below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to initially answer all questions, it is important that the form be completed as fully as possible at the time of the accident. Do not delay sending in the report form; an incomplete form is better than none at all. Be certain to include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions or need assistance regarding the completion of the Incident Report form, please call American Specialty at 1-800-245-2744.

Mail or fax the completed Incident Report to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

Attn: Claims Department
Post Office Box 459
Roanoke, Indiana 46783-0459

Fax: (260) 673-1291

IN ADDITION, IN CASE OF SERIOUS INJURY TO A PARTICIPANT OR A SPECTATOR, it is important that you immediately notify American Specialty by calling 1-800-566-7941 (if after standard business hours, simply follow the automated instructions for emergency claims reporting). This hotline is active 24 hours a day, 365 days a year.



INCIDENT REPORT FORM FOR BODILY INJURY

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.



ATTN: CLAIMS DEPARTMENT

POST OFFICE BOX 459

ROANOKE, IN 46783

PHONE: 800-566-7941 FAX: 260-673-1291

Date of Incident: _____ Time of Incident: _____ AM / PM If injured person is an L.A.B. member, identify: L.A.B. Club Name: <u>Santa Rosa Cycling Club</u> Club Address: <u>POB 6008, Santa Rosa, CA 95406</u>	Does the Injured Person Have Other Medical Insurance? Yes No If yes, please provide: Name of company: _____ Policy #: _____
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Injured Person: Club Member Non-Member Participant Volunteer Pedestrian Other _____ Was the injured person wearing a helmet at the time of the accident? Yes No Was the injured person riding: Tandem Bike Single Bike	Did This Take Place During: Club Ride Special Event Time Trial Race Conditioning Event Fundraiser If during a Special Event, list name of event: _____ Name of L.A.B. Club putting on the Special Event: <u>Santa Rosa Cycling Club</u>
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INJURED PERSON INFORMATION

Last Name _____ First _____ Mid. _____	Telephone Number () _____ Single Married
Address _____	Social Security Number: _____
City _____	Employer Name: _____
Age _____ D.O.B. _____ Male Female	Employer Address: _____

GUARDIAN/PARENT (if injured person is a minor)

Last Name _____ First _____ Mid. _____	Telephone Number () _____
Address _____ City _____ State _____ Zip _____	

SUSPECTED PRE-EXISTING CONDITION: Yes No

INCIDENT LOCATION Off Road City Street Parking Lot Highway Registration Area Rural Road Restrooms/Locker Rooms Off Property Premises/Grounds Rest Stop	INCIDENT Assault/Sexual Assault/Non-Sexual Fall (different level) Fall (same level) Caught in, on, between Animal/Insect Bite/Sting Collision (with parked car) Collision (with moving car) Collision (with object/animal) Collision (participant/participant) Collision (participant/pedestrian) Struck by falling/flying object Auto/property (also complete reverse side)	WEATHER CONDITIONS Sunny Raining Foggy Snowing Cloudy
RIDER ACTIVITY Turning right Passing Turning left Intersection Being passed Straight		ROAD CONDITIONS Wet Dry Icy
CLASSIFICATION Minor injury or illness Non-injury Serious injury or illness		ROAD TYPE Paved Dirt Gravel

PRIMARY INJURY Allergy Dislocation Nausea Amputation Electrical Shock Stroke Abrasion Foreign Body Burn Laceration Fracture Death Drowning Heat Exhaustion Pain Hypertension Sting/bite Illness Cold Injury Contusion Cardiac Seizures Concussion Strain/Sprain Tooth/Mouth	BODY PARTY INJURED Eye (L/R) Torso Arm (L/R) Nose Back Tooth Neck Face Head Ear (L/R) Leg (L/R) Knee (L/R) Ankle (L/R) Internal Hip (L/R) Shoulder (L/R) Foot (L/R) Elbow (L/R) Hand (L/R) Wrist (L/R) Finger or Toe	DISPOSITION Released to parent Police Refusal of care Ambulance Refer to doctor Report Only Medical attention EMS transport Continued riding Patient requested EMS transport Released to personal vehicle Refer to hospital/clinic
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DESCRIBE HOW THE INCIDENT OCCURRED:

WITNESS INFORMATION

NAME	ADDRESS	TELEPHONE NUMBER
1. _____	_____	() _____
2. _____	_____	() _____

Signature of Ride Leader or Official (with no relationship to claimant) _____

Date _____ Phone Number _____