

Training Ride

Waiver of Negligence/Complete Release of Liability

Date of Training Ride _____

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Destination _____

I wish to participate in one or more noncompetitive bicycle training rides in preparation for the Empire State AIDS Ride. I understand that neither the Empire State AIDS Ride nor Day2 Inc. nor their officers, directors or agents are sponsoring or endorsing these training rides in any manner whatsoever. I further understand that in participating in these rides, I will be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during bicycle riding and that I may be seriously injured or killed as a result. I am voluntarily participating in these rides with knowledge of the dangers involved and I agree to accept all risks of injury or death.

In consideration for being permitted to participate in these training rides, I agree to assume all risks and to release and hold harmless the Empire State AIDS Ride, Day2 Inc., their affiliated organizations, designated beneficiaries, sponsors, officials, participating clubs, communities, organizations, training ride committee, training ride leaders and sweeps, friends of the Empire State AIDS Ride, the City of New York and any other states, cities, municipalities or other entities through which these rides pass, the federal, state, city and any other Departments of Transportation, and all other government or public entities, and all of their respective directors, officers, agents, employees, members and volunteers, who, through negligence, carelessness or any other cause might be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages of death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in these rides, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault.

I am physically capable of completing these rides. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in these rides. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives. I agree to accept and abide by all instructions of the training ride leaders. I will abide by all the rules and regulations of the state vehicle code. I agree to wear a properly fitted and adjusted ASTM-, ANSI-, CPSC- or SNELL-certified helmet during any rides.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the persons and entities mentioned above and I sign it of my own free will. *Parental/legal guardian signature is required if the participant is under 18 years of age.*

| Print name | Signature | Home Phone | Emergency Phone | Email Address | Sign-out |
|------------|-----------|-------------|-----------------|---------------|----------|
| _____ | _____ | (____)_____ | (____)_____ | _____ | _____ |
| _____ | _____ | (____)_____ | (____)_____ | _____ | _____ |
| _____ | _____ | (____)_____ | (____)_____ | _____ | _____ |
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| _____ | _____ | (____)_____ | (____)_____ | _____ | _____ |
| _____ | _____ | (____)_____ | (____)_____ | _____ | _____ |
| _____ | _____ | (____)_____ | (____)_____ | _____ | _____ |

**Obey all traffic laws. Ride safely. Wearing an ANSI, ASTM or Snell-certified helmet could save your life.
THIS IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.**