



Release & Waiver for the Henry County YMCA Raintree Cycling Club



In consideration of being able to participate in any way in the Henry County YMCA Raintree Cycling Club sponsored bicycling activities, I for myself, my personal representatives, assigns, heirs, and next of kin.

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of bicycling activities and that I am qualified to participate in such activity. I further acknowledge that the activity will be conducted over public roads and trail facilities open to the public during the activity and upon which 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. I acknowledge that a helmet is required for all activities.
2. **FULLY UNDERSTAND**, that: (a) bicycling activities invoke 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 the releases 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 in the activity.
3. **HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the Henry County YMCA and the Raintree Cycling Club, their respective administrators, directors, agents, and employees, other participants and sponsors, advertisers, and if applicable, owners and leasers of premises on which the activity takes place from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or part by the negligence of the releases or otherwise, including negligent rescue operations.

Please note: A parent or legal guardian must accompany children under the age of 15 years.

I have read this agreement, fully understand its terms, and I understand that I have given up substantial rights by signing it and have signed it freely and without an inducement or assurances or any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding, shall continue in force and effect.

I hereby affirm, under penalty of perjury, that the above statements are true.

Signature _____ Date ____/____/____

Printed Name _____

If under age 18, execution by parent or legal guardian:

Signature _____ Date ____/____/____

Printed Name _____

Please read and sign this Release & Waiver form and mail it, along with your completed Membership Application Form and check for annual dues, to:

Henry County YMCA
300 Wittenbraker Ave
New Castle, IN 47362