

Event Date: March 31, 2012

RIDE WITH ME FOR AUTISM WAIVER/RELEASE ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I am a Participant Volunteer Sponsor/Supporter Parent/Guardian of a participant or volunteer

Name: _____

Age: ____ DOB: _____ Gender: _____ Email: _____

Address: _____

City, State, Zip _____

Emergency Contact Name and telephone number: _____

In consideration of the acceptance of my application for this entry, I, the undersigned intending to be legally bound, hereby, for myself and anyone acting on my behalf, release any and all claims for damages I may have against the Jessica Green Foundation, Ride with Me for Autism, City of Jacksonville, any and all counties and municipalities of the State of Florida and all counties and municipalities of the State of Georgia, the event organizers, directors, volunteers and any sponsors and their representatives, successors and assigns for any and all injuries and death suffered by me in said event. I attest and verify that I know that a bicycling event can be a potentially hazardous activity. I acknowledge that participating in this bicycling event is inherently dangerous. I fully realize the dangers of participating in this bicycling event, and fully assume the risk associated with such participation, including but not limited to the following dangers; dehydration, hyperthermia, hypothermia, hyponatremia, collision with pedestrians, vehicles, and other event participants and fixed or moving objects, dangers arising from other surface hazards, equipment failure, inadequate safety equipment, weather conditions, animals, the possibility of serious physical and/or mental trauma and injury, including death. However, I have sufficiently trained for the completion of this event and know that I am participating at my own risk. I understand that there are more hazards than are enumerated here, and that there are unknown and unforeseeable hazards. I engage in the activity of this event with knowledge of the inherent risks of injury. I understand the risks involved in this event and I have carefully read, understand and voluntarily accept the terms of this waiver and release agreement. In addition, I agree to abide by the rules and conditions laid down for the event and to follow instructions issued by event officials. I understand that circumstances beyond the control of the event director may cause the event to be modified, postponed or relocated. I accept that the organizers reserve the right to refuse entry from persons considered to have insufficient experience or disqualify those who fail to follow the rules and conditions: ignorance is no excuse. I agree that my name, voice or picture may be used by Jessica Green Foundation, Inc., Ride with Me for Autism, City of Jacksonville, any and all counties and municipalities of the State of Florida and all counties and municipalities of the State of Georgia, for promotional purposes. I affirm that the details written about me on this entry form are true. I agree it is my sole responsibility to be familiar with the course, the rules of the sanctioning body, and the special regulations of the event. I have no physical or mental condition which, to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in this event. I have read this waiver of liability and accept the risks and responsibility associated with entering this event. I hereby grant permission for the free use of my name and picture in any broadcast brochure, website, or account of this event. I understand the risks involved in this ride and I have carefully read, understand and voluntarily accept the terms of this waiver and release agreement. I agree, for myself and successors, that the above representations are contractually binding, and are not mere recitals, and that should I or any of my successors assert any claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjusted liable on such claims for willful or wanton negligence. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of or as consent to any other provision herein or as consent to any subsequent waiver of modification.

SIGNATURE OF APPLICANT

DATE

FOR MINORS: PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING: *I, as parent or guardian of the Applicant, represent to the Releases that the facts here in concerning my child or ward are true. I give my permission for my child or ward to enter the Ride with Me for Autism presented by Jessica Green Foundation, Inc. during the period of the license applied for, and further agree, individually and on behalf of my child or ward, to the terms of the above agreement.*

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE