

**LEAKEY DEATH RIDE**

**Accident Waiver and Release of Liability**

In consideration of being permitted to participate in the forgoing ride/event I, for myself, my representatives, assigns, successors, and heirs represent and agree as follows:

I acknowledge that there may be risks associated with participating in this event or activity which include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, and/or actions of other people. I recognize that bicycling may be dangerous, with accidents resulting in personal injury and property damage. I hereby agree to assume all of the risks of participating and/or volunteering in this event.

I hereby agree for myself, and on behalf of my executors, administrators, heirs, next of kin, successors, and assigns to waive, release, discharge and hold harmless the Fort Worth Bicycling Association ("FWBA"), their directors, officers, members, employees, volunteers, representatives, agents, the event holders, event sponsors, event directors, event volunteers, event organizers, ride leaders, and anyone associated with them from any and all liability for my death, disability, injury, property damage, property theft, claims of any kind, demand rights, or causes of action, present or future, whether known, anticipated, or unanticipated, resulting from or arising out of, or incident to, in whole or in part, my participation in this event and related activities, whether or not caused by the negligence of the released parties.

I represent that I am medically able and adequately trained for this event and I agree to obey ALL TRAFFIC LAWS while participating in this ride and I agree to WEAR AN APPROVED BICYCLE HELMET, at all times while riding in this event. I further agree that neither my possession of an FWBA map and/or cue sheet for this ride nor the presence of other cyclists on this course constitutes responsibility on the part of FWBA, its officers, members, representatives, ride organizers, ride leaders or sponsors for my safety, well-being or behavior.

I hereby consent to receive medical treatment which may be deemed medically advisable in the event of injury, accident and or illness during this event.

I hereby certify that I have read this document; and, I understand its content.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

If the ride/event participant is a minor (under age 18) this form must be signed by a parent or legal guardian of the minor, who does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature