



SAFETY AFFIRMATION AND LIABILITY RELEASE

Ride: _____ Date: _____

Ride Leader(s): _____ Pace: _____

LEADER: Signed form must be turned in to the office within 5 business days even if ride is cancelled. The original is required for legal and insurance purposes.

Incident/Accident (circle): Yes/No If yes, complete other side, AND turn in an Incident Report.

Read carefully before signing.

I, the undersigned, am aware that, during any ride, certain dangers are inherent in riding a bicycle. By my participation in this ride, I certify that I am aware of all the inherent dangers of bicycle riding and the safety rules of the road applicable to bicycles. I understand that bicycle helmets (CPSC, ANSI, ASTM or SNELL) are required to participate in this ride.

I understand that it is not the function of the ride leaders to serve as guardians of my safety. I warrant that I am in proper physical condition to participate in this ride and am a sufficiently competent bicyclist to handle road, weather, and traffic conditions that may be encountered on any bike ride. I also understand that I am to furnish my own equipment and that I am responsible for its safety and good operating condition.

I understand and agree that neither Cascade Bicycle Club, its officers or agents, nor the ride leader(s), or other volunteers, may be held liable in any way for any occurrence or accident in connection with said ride, and I further agree to save and hold harmless the Cascade Bicycle Club, its officers and agents, and the ride leader(s) from any claim by me, my family, estate, heirs or assigns arising out of my participation in this ride.

I understand that the Cascade Bicycle Club does not sponsor or endorse any non-bicycling activities that people may participate in while on a Cascade Bicycle Club bicycle ride and that I am responsible for my own conduct and decisions while participating in a Cascade Bicycle Club bicycle ride or in any non-bicycling optional activities. I agree to participate in a safe, courteous and cooperative manner while on this ride.

Cascade Bicycle Club reserves the right to remove any rider who is deemed by an authorized club agent to be endangering himself/herself or others or is riding illegally as defined by Washington State traffic law. Notwithstanding this clause, Cascade Bicycle Club is not responsible for cyclists not removed from the event for any of these reasons and this clause shall in no way supercede, exempt participants from or otherwise nullify any other clause in this release agreement.

Parent or legal guardian must sign for, accompany, and be responsible for all persons under the age of 18; ages 16-17 may be unaccompanied with signed consent form (available on website) AND 24-hour advance permission of the ride leader. If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to HOLD HARMLESS and INDEMNIFY the entities named above for any claims brought on behalf of the minor. By signing below, I authorize medical treatment for the minor registering and agree to be responsible for any costs associated with such treatment.

I further state that I am of lawful age and legally competent to sign this affirmation and release. I understand that the terms of this document are contractual and not a mere recital, and I have signed this document as my own free act.

I have fully informed myself of the contents of this release by reading it before I sign.

Signature:	Print name:	Phone No.	Emergency No.	NON-MEMBERS SEE REVERSE
Leader: _____	_____	_____	_____	
Leader: _____	_____	_____	_____	
1) _____	_____	_____	_____	
2) _____	_____	_____	_____	
3) _____	_____	_____	_____	
4) _____	_____	_____	_____	
5) _____	_____	_____	_____	
6) _____	_____	_____	_____	
7) _____	_____	_____	_____	
8) _____	_____	_____	_____	

NON-MEMBERS
SEE
BELOW

	Signature:	Print name:	Phone No.	Emergency No.
9)	_____	_____	_____	_____
10)	_____	_____	_____	_____
11)	_____	_____	_____	_____
12)	_____	_____	_____	_____
13)	_____	_____	_____	_____
14)	_____	_____	_____	_____
15)	_____	_____	_____	_____
16)	_____	_____	_____	_____
17)	_____	_____	_____	_____
18)	_____	_____	_____	_____
19)	_____	_____	_____	_____
19)	_____	_____	_____	_____
20)	_____	_____	_____	_____

NON-MEMBERS who wish to receive membership information, please provide name & email and/or address below.

Post-Ride Report

Comments/Incidents: _____

Incidents: Briefly describe incident below. If property damage occurs or medical attention is required, fill out a separate incident report and return it to the CBC Office. For a severe accident, contact Rides Chair within 24 hours of incident to report!

Rides Committee / Revised 11/15/10

Fold, affix stamp, tape and return to:

STAMP

CASCADE BICYCLE CLUB
7400 Sand Point Way NE, #101S
SEATTLE, WA 98115-0165