

## **Reid Ride 2010 Waiver**

I, the undersigned, freely acknowledge and realize the dangers of participating in Reid Ride and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other riders, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or fixed or moving objects, the negligence of other riders, as well as the possibility of physical and/or mental trauma (or injury). I understand that the route requires bicycling on public roadways, potentially in bad weather, and that cyclists in similar events have been hospitalized and/or killed because of traffic mishaps that are either their responsibility or others' responsibility, and I further agree that I will bear all expenses incurred in any such accidents. I realize that Reid Ride requires physical conditioning, and I represent that I am in sound medical condition. I have no physical or medical impediment which would endanger myself or others. I understand and agree that a situation may arise during Reid Ride which may be beyond the control of the sponsors, promoters or organizers and agree to ride so as not to endanger either myself or others. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against Reid Ride, the sponsors and promoters including Reid Hospital & Health Care Services and its employees, or other sponsors or affiliated organizations and their respective agents, officers and employees for any and all damages, injuries or claims which may be sustained by me directly or indirectly arising out of my participation in Reid Ride, including any vehicle I have parked in designated areas.

I agree that if I or anyone on my behalf makes a claim against any of the releases, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such a claim and any claims will be filed in Wayne County, Indiana. I give my permission to Reid Hospital & Health Care Services to use my name and my photographs, videotapes, motion pictures, recordings, evaluations or any other record of my participation in Reid Ride for any publicity and/or promotional purposes without obligation or liability to me.

I accept responsibility for the condition and adequacy of my bicycle. I will wear a properly fitted, CPSC approved bicycle helmet on my head at all times while on my bicycle, and I will carry water and personal identification at all times and agree to abide by the rules of Reid Ride.

The above agreements and representations are my express understandings of the risks, and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect.