

**PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)**

I acknowledge that a sports event is an extreme test of a person's physical and mental limits and carries with it the potential of serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS BIKE RIDE. I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by the coordinators of MILES FOR MEGAN, in consideration for allowing me to become a participant by the coordinators and the various ride sponsors, organizers, and administrators in permitting me to participate in this event.

In consideration for allowing me to become a participant in the MILES FOR MEGAN event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE that prior to participating in this event I will inspect the course, reviewing the map of the route I will be riding, and if I believe it to be unsafe I will immediately advise the person supervising the event; (b) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or from the MILES FOR MEGAN event. THE FOLLOWING PERSONS OR ENTITIES: COORDINATORS, EVENT SPONSORS, RIDE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH THE EVENT IS HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (c) I acknowledge that there may be traffic or persons on the course route, and I ASSUME THE RISK OF BIKING OR PARTICIPATING IN ANY EVENT PRESENTED BY MILES FOR MEGAN under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in the MILES FOR MEGAN event including but not limited to falls, contact and or effects with other participants, effects of weather including heat, cold, and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other bikers, and any hazard that may be posed by spectators or volunteers, all such risks being known and entities mentioned above in subparagraph (b) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph (b) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in subparagraph (b) from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. I FURTHER GRANT PERMISSION for the use of my name and/or likeness relating to my participation in MILES FOR MEGAN, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.

PRINT NAME

SIGNATURE

DATE

For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.

I the undersigned \_\_\_\_\_ (parent/guardian) the parent and natural guardian of \_\_\_\_\_ (minor's name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our executors administration, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent and authorization for medical treatment.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ('Medical Provider') to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to MILES FOR MEGAN. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

NOTE: PARENT/GUARDIAN MUST ALSO SIGN AWRL ABOVE.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
RELATIONSHIP TO MINOR \_\_\_\_\_