

# Release and Indemnity

**TO:** Name of Party Sponsoring Event (the "Sponsor")

**RE:** Type of Event Being Held (ie. Bikeathon) (the "Event") to be held on Date of Event (ie. July 31, 2000)

**IN CONSIDERATION OF** being permitted to participate in the Event, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Acknowledges that the undersigned's participation in the Event may include activities that may be hazardous to the undersigned and assumes the risk of injury or harm associated with such participation.
2. Releases and forever discharges the Sponsor and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation in the Event, whether prior to, during or subsequent to my attendance and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
3. Indemnifies and saves harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Event.
4. Understands and acknowledges that the Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.
5. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.

**I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact in Case of Emergency

\_\_\_\_\_  
Relation of Contact

\_\_\_\_\_  
Address of Contact

\_\_\_\_\_  
Telephone No. of Contact

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Address of Participant

\_\_\_\_\_  
Telephone No. of Participant

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Telephone No. of Physician