

**Bike To Work Participant Registration Form**  
**Bicycle Advocacy of Central Arkansas (BACA)**

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(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please Check One: (Membership to BACA is Free)

- I am currently a member of Bicycle Advocacy of Central Arkansas
- No, I'm not currently a member but would like to join. (You will be placed on the BACA mailing list.)
- No, I'm not a member and don't wish to join at this time.

**Release and Waiver of Liability and Assumption of Risk**

IN CONSIDERATION of being permitted to participate in any way in the 2008 Central Arkansas Bike to Work Day event, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE AND AGREE** that I am voluntarily participating in the Bike to Work Day event, that I understand the nature and dangerousness of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in the Bike to Work Day event. I further acknowledge that the Bike to Work Day event will be conducted over public roads and facilities open to the public during the ride and upon which the hazards of traveling are to be expected. I further agree that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Bike to Work Day event.

2. **FULLY UNDERSTAND** that: (a) **BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH AND OTHER POSSIBLE RISKS EITHER NOT KNOWN OR READILY FORESEEABLE AT THIS TIME;** (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Bike to Work Day ride and the conditions in which the Bike to Work Day ride takes place, or **THE NEGLIGENCE OF THE PERSONS, ORGANIZATIONS, AND CITIES NAMED BELOW** in paragraph number 3; (c) I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation in the Bike to Work Day ride.

3. Hereby release, discharge, agree not to sue and hold harmless all Bike to Work Day organizers, sponsors, agents, employees, or volunteers, including the cities of Little Rock and North Little Rock and Bicycle Advocacy of Central Arkansas, from all liability, claims, demands, losses or damages whether caused by my own actions, or inactions, the actions or inactions of others participating in the Bike to Work Day ride, the conditions in which the Bike to Work Day ride takes place, or **THE NEGLIGENCE** of the organizers, sponsors, agents, employees, or volunteers.

4. Agree that I will wear an ANSI, CPSC or SNELL approved helmet during the ride.

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

PARTICIPANT'S SIGNATURE

PRINTED NAME

\_\_\_\_\_

Date: \_\_\_\_\_

**NOTE - For Release of Minor (participant under the age of 18) continue on page 2 >**

**MINOR RELEASE**

In addition I, the parent and/or legal guardian, of \_\_\_\_\_, a minor of the age of \_\_\_\_\_, understand the nature and dangerousness of the bicycling activities involved in the Bike to Work Day event and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in the Bike to Work Day event.

I HEREBY RELEASE, DISCHARGE, AGREE NOT TO SUE, and hold harmless all Bike to Work Day organizers, sponsors, agents, employees, or volunteers, including the cities of Little Rock and North Little Rock and Bicycle Advocacy of Central Arkansas, from all liability, claims, demands, losses or damages on the minor's account caused or alleged to be caused in whole or in part by my own actions, or inactions, the actions or inactions of others participating in the Bike to Work Day ride, the conditions in which the Bike to Work Day ride takes place, or the negligence of the organizers, sponsors, agents, employees, or volunteers.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_