



Tour De Hero Waiver and Release Saturday, January 28, 2012

This form must be completed by each rider (and parent or guardian for riders under 18) before Tour de Hero begins. No rider may participate without a completed form.

I wish to participate in the Tour de Hero bike ride. In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless United Blood Services, event sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns (the "Sponsors") singularly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Tour de Hero bike ride.

I understand there are risks inherent with bike riding on public streets and highways where hazards exist. I also understand that there may be a large number of cyclists, some of whom are inexperienced, creating further hazards. I am voluntarily participating in this event with knowledge of the hazards involved and accept all risks of injury inconvenience, harm, loss or death.

I am physically capable of participating in the event and the equipment I will use will be in proper working condition. I acknowledge that I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I agree to wear a helmet and conduct myself in a safe and prudent manner while participating in the event. I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs.

I give United Blood Services permission to use my (and any minor's) name and any photograph, voice, or likeness of me during the event in any promotional materials or publications. I consent to and authorize in advance such use and waive my rights of privacy I have in connection therewith.

We advise you to keep your medical information on your person such as wearing a medical ID bracelet and/or including it on the back of the Tour de Hero rider bib.

This is an important legal document. By providing this document to United Blood Services by email, fax or in person, I agree to its terms and certify that the information provided is accurate.
Email: TourDeHero@BloodSystems.org or FAX 480-675-5499

Please read each statement and agree with the terms by placing a check in each box:

- I have read this waiver and release and understand its significance.
- I will wear a helmet.
- If I decide to leave the route, I am technically off the ride and on my own in regard to support and safety.
- I will not drink alcohol or take drugs that could impair my ability to ride safely.

Rider's name _____ Date _____

Age _____ Cell phone (if applicable and will have during event) _____

Emergency contact:

Name (print) _____ Relationship _____

Phone number for day of event _____

Participants under 18 years of age must have a parent or guardian signature below.

As parent/guardian, I have read the waiver and release form above. I understand and agree to its waiver and release provisions, consent to the emergency medical treatment and will be responsible for any and all costs. I have discussed with the rider the requirements to observe and obey all traffic laws, to wear a helmet, and adhere to all other event rules and to act in a safe and prudent manner. I concur with representations made by the rider about physical capabilities and working order of equipment and agree you may use his/her name and photograph. I understand that an adult must accompany all participants under the age of 18 at all times.

Signature of legal parent/guardian if participant is under 18 years of age: _____