



BICYCLE TRAILS COUNCIL OF THE EAST BAY

P. O. BOX 9583, BERKELEY, CA, 94709, 510-466-5123

RIDE NAME: _____

DATE: / /

RIDE LEADER: _____

WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

I wish to participate in this noncompetitive bicycle ride sponsored by the Bicycle Trails Council of the East Bay.

I understand that in participating in this ride I will be using public streets, public and private lands and facilities where many hazards exist and I am aware of and appreciate the risks which may result. I am also aware that accidents may occur during bicycle riding and that I may be seriously injured or killed as a result. I am voluntarily participating in this ride with knowledge of the dangers involved and **I agree to accept any and all risks of injury or death.**

In consideration for being permitted by the Bicycle Trails Council of the East Bay to participate in this ride I agree to assume all risks and to release and hold harmless the Bicycle Trails Council of the East Bay, the International Mountain Bike Association, and the owners and operators of the lands on which this ride will take place (as well as their respective directors, officers, agents, employees and members), who, through negligence or carelessness, might otherwise be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge the Bicycle Trails Council of the East Bay and all other persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in this ride, even though that liability may arise from negligence or carelessness on the part of the persons or entities mentioned above.

I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I am physically capable of completing this ride. If I am aware of, or under treatment for, any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in this ride.

I agree to accept and abide by all instructions of the ride leader.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Bicycle Trails Council of the East Bay and sign it of my own free will.

Parental signature is required if the rider is under 18 years of age.

1. Signature: _____

Date: / /

Print Name: _____

Emergency Phone: ()

Address: _____

2. Signature: _____

Date: / /

Print Name: _____

Emergency Phone: ()

Address: _____

3. Signature: _____

Date: / /

Print Name: _____

Emergency Phone: ()

Address: _____

***Our Mission:** To educate cyclists in responsible mountain biking, to advocate for appropriate access and to promote community among trail users so all may fully enjoy and preserve the natural spaces of the East Bay.*

***Our Vision:** We envision a united trails community where mountain bikers, equestrians, and hikers happily coexist on trails, both narrow and wide, extending each other due courtesy and caution, in open spaces, everywhere.*



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**THIS IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.
WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY (CONT.)**

I have read the Waiver of Negligence and Complete Release of Liability on the reverse side hereof and agree to its terms and conditions.

4. Signature: _____ Date: / / _____

Print Name: _____ Emergency Phone: () _____

Address: _____

5. Signature: _____ Date: / / _____

Print Name: _____ Emergency Phone: () _____

Address: _____

6. Signature: _____ Date: / / _____

Print Name: _____ Emergency Phone: () _____

Address: _____

7. Signature: _____ Date: / / _____

Print Name: _____ Emergency Phone: () _____

Address: _____

8. Signature: _____ Date: / / _____

Print Name: _____ Emergency Phone: () _____

Address: _____

9. Signature: _____ Date: / / _____

Print Name: _____ Emergency Phone: () _____

Address: _____

THE WAIVER ON THE REVERSE SIDE HEREOF IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.

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