

**ACKNOWLEDGEMENT OF RISKS  
ASSUMPTION OF RISK AND RESPONSIBILITY  
AND RELEASE OF LIABILITY**

**PLEASE READ CAREFULLY**

**ACKNOWLEDGEMENT OF RISKS:** I recognize the fact that there is an inherent danger in the use of any bicycle and that trails, routes, or roadways may contain steep grades and sharp turns and may involve hazards including, but not limited to, uneven or unstable road surfaces, trees, branches, curbs, rocks, stones, gravel, mud, water, oil and/or other objects on the ground or in the roadway; that weather can create slippery conditions associated with fog drip, heavy rains, sleet, ice and snow; that fog banks can reduce visibility to near zero; that motor vehicles, other bicycles and bicycle riders, equipment failure, the speed at which I travel, and my inability to balance and control the bicycle can pose a dangerous risk to my safety. I realize I may suffer accidents or illnesses in remote places where there are no available medical facilities; and that I should ask about other potential risks, dangers, and hazards and recommended precautions and procedures.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of all personal injury, accidents and/or illness, and acknowledge that during the activity I/we may experience fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident.

**COVENANT OF GOOD FAITH:** I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group. I accept your right to take such actions for the safety of myself and/or other participants.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

**RELEASE:** In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: **WANDERING WHEELS, INC.** its principles, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

**I HAVE READ THE FOREGOING ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.**

\_\_\_\_\_  
Printed Name of Participant                      Date

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

If participant is under 18, still supported by parents, and/or living at home, parent or legal guardian must also sign.

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date