

## Assumption of Risk, Waiver and Release of Liability

I acknowledge that this sporting event presents inherent risks including, but not limited to, serious bodily injury and property loss. I am aware of the dangers involved including any exposure to the Covid-19 virus. In signing this release for myself or the named underage entrant, I agree to absolve Cancer Assistance of Williams County, B2tB organizers and volunteers, its members, affiliates, and all sponsors of this event of any or all liability that may occur while taking part. I also intend that this waiver shall bind my family, heirs, assigns and personal representatives who may be indirectly affected by my injury or loss.

I will voluntarily adhere to all legal biking and traffic rules. I agree to abide by the law and to practice courtesy and safety while cycling. I consent to medical treatment which may be deemed advisable should an injury or illness occur during the course of this event and I agree to be solely responsible. I understand that SAG support will end at 1:00 p.m.

I understand that I may be photographed during this event and I agree to allow photos or videos of me to be used for any legitimate purpose related to this event by William's County Cancer Assistance.

**I CERTIFY THAT I HAVE READ THE ABOVE INFORMATION; THAT I UNDERSTAND THIS IS A RELEASE OF LIABILITY FOR ACCIDENTS, INJURIES, LOSS OR OTHER UNFORTUNATE INCIDENTS WHICH MAY OCCUR DURING THE COURSE OF THIS EVENT; AND THAT I AM SIGNING VOLUNTARILY. BY SIGNING THIS WAIVER I AM ASSUMING ALL THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS EVENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Date

*If you are under 18 years of age, you and your parent or guardian must sign the consent below.*

**The undersigned parent or guardian consents to his/her child or ward's participation in the event, and agree on behalf of the child or ward to the terms of the waiver and release of liability set forth above.**

\_\_\_\_\_  
Printed name of minor(s)

\_\_\_\_\_  
Birthdate(s)

\_\_\_\_\_  
Printed name of minor(s)

\_\_\_\_\_  
Birthdate(s)

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Signature of parent or Guardian/Date