Florida Atlantic University Challenge Bike Ride
Sponsored by Today & Beyond Wellness and Bike America

Please PRINT neatly and fill out entire form.

Name _____ Phone Number _____ E-mail _____

Address _____ City/State/Zip _____

Emergency Contact _____ Relationship _____ Phone _____ - _____

Check one:
[ ] M [ ] F T-Shirt Size (circle): S M L XL XXL

Release, Hold Harmless and Conduct Agreement

I am aware that participation in the Florida Atlantic University (FAU) Challenge Bike Ride involves risk that could result in INJURY. I understand that the dangers and risks of participating in the FAU Challenge Bike Ride include, but are not limited to death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of the FAU Challenge Bike Ride participation may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities and generally to enjoy life.

I hereby recognize and assume all the risks associated with participating in the FAU Challenge Bike Ride and release the State of Florida, Florida Atlantic University ("FAU") and their respective trustees, employees, officers, volunteers and agents (collectively, the "FAU Parties"), and I hold them free and harmless of and from all actions, causes of action, claims, damages and costs arising from and accruing to me on account of death or any and all accident or injury to me, either directly or indirectly sustained by me as a consequence of my travel to or from, or my participation in any activities related to the **FAU Challenge Bike Ride**, including any property damage occurring from my presence on FAU property. This release and waiver is intended by me to release the FAU parties from all causes of action, **including but not limited to causes of action based upon FAU's own negligence, as well as any causes of action based upon the negligence of the FAU Parties**. The terms hereof serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family. I further hereby agree to indemnify and hold harmless the FAU Parties from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that they may incur as a proximate result of any negligent or deliberate act or omission on my part during my participation in the event. I further agree to comply with all applicable laws and ordinances and FAU regulations, rules and policies.

I recognize and acknowledge that FAU and the event sponsors do not carry any type of accident or health insurance policy on the participants of the FAU Challenge Bike Ride. I also realize that sports injuries can be catastrophic for those without proper medical coverage. I (or, if a minor child, his/her parent/legal guardian) am of lawful age (age of majority is 18 years+) and legally competent to sign this waiver and release and I have signed the document of my own free will and action. I hereby consent to any publicity, including the use of my name and likeness, in connection with my participation in these activities at FAU.

_____ _____ _____ _____/_____/_____
Participant Signature Age Z-Number (if FAU student) Date

If Participant is a minor (under 18), a parent/legal guardian must also sign below:

I, _____, hereby acknowledge that I am the parent/legal guardian of the participant named above, who is a minor under the age of eighteen ("Minor Child") and sign this document on behalf of my Minor Child. I further acknowledge that my Minor Child is in good physical condition and do not know of any condition or reason that my Minor Child should not participate. I authorize FAU representatives to act for me according to their judgment in an emergency requiring medical attention, including treatment by medical care providers, and I will be responsible for any medical or other charges incurred.

_____ _____ _____/_____/_____
Signature of Parent/Legal Guardian Relationship Date