

LifeCycle Adventures – Cycle Tour
Accident Waiver and Release of Liability**Participant**

Name: _____

Address: _____

City: _____

State, Postal Code: _____, _____

Country: _____

Cell phone: _____

email: _____

Emergency Contact

Name: _____

Telephone: _____

IMPORTANT - READ BEFORE AGREEING

I acknowledge that participation in a LifeCycle Adventures Cycle Tour ("Cycle Tour") carries with it the potential for property loss, serious injury and death. The risks include but are not limited to terrain, facilities, temperature, weather, equipment, vehicular traffic, dehydration and the actions of other people including guides, drivers and other participants. These risks are inherent in athletic pursuits and cycling.

I certify that I am physically fit and capable of participating in all day cycling trips and have not been advised otherwise by a qualified medical person. I certify that I have insurance to cover me in the event of needing medical treatment and to cover any losses associated with participation in this Cycle Tour.

I FULLY ACCEPT AND ASSUME ALL RISKS OF PARTICIPATING IN THE CYCLE TOUR AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY DAMAGES AND EXPENSES ARISING FROM MY PARTICIPATION.

I acknowledge that this Accident Waiver and Release from Liability is made for the benefit of the following persons or entities: LifeCycle Adventures LLC, LifeCycle Adventures (UK) Ltd, the employees, officers, agents, contractors and owners, and their respective successors and assigns of both LifeCycle Adventures LLC and LifeCycle Adventures (UK) Ltd (individually and collectively "Releasees"). I RELEASE AND DISCHARGE RELEASEES FROM ANY AND ALL LIABILITY, AND WAIVE ALL CLAIMS, SUITS, AND ACTIONS OF ANY KIND AGAINST RELEASEES, FOR DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, THEFT, AND ANY OTHER LOSS OR DAMAGES INCURRED THAT MAY HEREAFTER

ACCRUE TO ME, MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE CYCLE TOUR INCLUDING CLAIMS ARISING FROM THE RELEASEES OWN NEGLIGENCE.

I will indemnify, defend and hold harmless any and all Releasees from any and all costs, losses, claims, liabilities, damages, or expenses incurred by such Releasees as a result of my actions or omissions during the Cycle Tour. This accident waiver and release from liability shall be construed broadly to provide a release and waiver to the maximum extent possible under applicable law. It shall not be modified in any way. If any part of this accident waiver and release from liability is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this Cycle Tour. I recognize that LifeCycle Adventures LLC and LifeCycle Adventures (UK) Ltd, their contractors, employees and agents are not medically qualified.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENT.

I AGREE to the terms of this ACCIDENT WAIVER AND RELEASE FROM LIABILITY.

SIGNATURE OF PARTICIPANT:

DATE: _____ 200__

PARENT OR GUARDIAN WAIVER FOR MINORS (under 18 years of age). The undersigned parent and natural guardian or legal guardian does hereby represent that he/she acting in such capacity agrees to this document on behalf of the named rider.

SIGNATURES OF PARENT OR GUARDIAN OF MINOR:

DATE: _____ 200__

I authorize I do not authorize *(please tick one box)*

LifeCycle Adventures LLC and LifeCycle Adventures (UK) Ltd and their agents to use photographic material taken of me during the course of this Cycle Tour for the purposes of publicity and promotion.