



SAN FRANCISCO BASQUE CULTURAL CENTER

CYCLING RELEASE FORM

Name: _____

Address: _____

_____, _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Event Date: _____

I acknowledge that by signing this document, I fully realize the dangers of participating in a bicycle ride and fully assume the risk associated with such participation, including by way of example, and not limitation, the following: the danger of collision with pedestrians, vehicles, other riders and fixed or conditions; and the possibility of serious physical and/or mental trauma or injury or death associated with athletic cycling participation. I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, signers, successors in interest and all rights and claims which I have or which may hereafter accrue to me against, the San Francisco Basque Cultural Center, Inc., the organizers and any promoting organizations, volunteers, property owners, law enforcement agencies, all public entities, and special districts, through or by which the event will be held for any and all damages which may be sustained by me directly or indirectly in connection with the event, or travel to or return from the event. I agree it is my sole responsibility to be familiar with the ride course and any special regulations for the event. I understand and agree that situations may arise during the ride which may be beyond the immediate control of the ride officials or organizers, and I must continually ride so as to neither endanger others or myself. I accept responsibility for the conditions and adequacy of my equipment. I will wear an ANSI approved helmet at all times while riding my bicycle. I have no physical or mental condition which, to my knowledge, would endanger others or myself if I participate in this event, or would interfere with my ability to participate in this event.

I have read this form carefully before signing, and I understand what it means and what I am agreeing to by signing.

Signed _____ Date: _____