Central Indiana Bicycling Association CIBA

NAME OF RIDE:_____ **X-LONG:** _____miles
RIDE DATE:_____ **LONG:** _____miles
RIDE LEADER: _____ **MEDIUM:** _____miles
CO-LEADER: _____ **SHORT:** _____miles
MENTOR(S): _____ **X-SHORT**: _____miles

RIDE RELEASE & AGREEMENT TO INDEMNIFY

In consideration of Central Indiana Bicycling Association, Inc. ("CIBA") permitting me or my minor child to participate in CIBA events or activities, as a CIBA member, I, the undersigned, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby state that I have signed the CIBA Consent and Liability Release for the current cycling year and, further**,** agree to the following additional terms. If I am not a CIBA member, I agree to the following terms:

1. I assume all risks relating to this CIBA Ride including risks related to my physical condition, equipment, ride routes and other riders

2. I PERSONALLY AND ON BEHALF OF MY MINOR CHILD, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE CIBA, ITS OFFICERS, OFFICIALS, MEMBERS, VOLUNTEERS, AND SPONSORS, and the officers, directors, employees, representatives, agents, insurers, and successors of all the above (hereinafter individually and collectively referred to as the "Releasees") from any and all claims, damages, losses, actions, suits, proceedings, breach of contract actions, wrongful death actions, expenses, attorney fees, and liability that I, anyone on my behalf, my heirs, next of kin or minor child might have for or relating to any injury, including death, to my person or that of my minor child or property suffered or claimed to have been suffered by me which arises out of or is related in any manner, either directly or indirectly, to my or my minor child's participation in any CIBA event, ride or activity or my assistance at any CIBA event, ride or activity, including, but not limited to, any claim that the act or omission complained of was **caused in whole or in part by the negligence in any form of the Releasees.**

3. I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND in any action or proceeding Releasees against all claims, lawsuits, losses, damages, actions, suits, proceedings, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my or my minor child's participation in any CIBA event, ride or activity or my assistance at any CIBA event, ride or activity or my breach of this agreement regardless of whether the act or omission complained of was **caused in whole or in part by the negligence in any form of the Releasees.**

If I am a minor, my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of this agreement. **I have read this document and sign this document freely and willingly.**

RIDER'S NAME <<PLEASE PRINT>>	RIDER'S SIGNATURE	EMERGENCY CONTACT NO.	CIBA MEMBER	PLANNED MILES
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

Revised: 2/14/2010 ***Send form within 2 weeks after ride date to CIBA Ride Scheduler, 1023 Pendle Hill Ave, Pendleton,IN 46064***

MILES: X-LONG _____ LONG _____ MEDIUM _____ SHORT _____ XSHORT _____

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