## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("Agreement") for

## LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")

## (this form is to only be used for Individual Adults or for Adults on behalf of Minors)

IN CONSIDERATION of being permitted to participate in any way in <u>the **New Mexico Touring Society**</u> (enter name of LAB Club) ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. And, I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S NAME (PRINTED):				
PARTICIPANT'S SIGNATURE <i>(only if age <u>18</u> or over</i> ):	I HA	I HAVE READ THIS RELEASE		
ADDRESS:				
ADDRESS:(Street)	(City)	(S	tate)	(Zip)
PHONE: ()		DATE:		
(compl	MINOR RELEASE ete for Participants Under the Age	of 18)		
AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, U CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON TH NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDIN THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION RESULT OF ANY SUCH CLAIM.	GOOD HEALTH, AND IN PROPER AGREE TO INDEMNIFY AND SAVI E MINOR'S ACCOUNT CAUSED C G NEGLIGENT RESCUE OPERATIO CLAIM AGAINST ANY OF THE REL	PHYSICAL CONDITION T E AND HOLD HARMLESS IR ALLEGED TO BE CAU DNS AND FURTHER AGRE LEASEES NAMED ABOVE,	o participate in s Each of the rele Sed in whole or Ee that if, despite I will indemnify,	Such activity. I Asees from all In Part by the This Release, I, Save, and hold
MINOR'S NAME (PRINTED):		BIRTH D	ATE OF MINOR:	
SIGNATURE OF MINOR PARTICIPANT:	I HAVE READ THIS REL	EASE		
PARENT/GUARDIAN NAME (PRINTED):				
PARENT/GUARDIAN SIGNATURE (only if participant is under the age	e of 18): I F	IAVE READ THIS RELI	EASE	
ADDRESS:(Street)				/=- \
(Street) PHONE: ()	(City)	(S DATE:	tate)	(Zip)
FORM NO. LAB MINOR W&R			DME #480	