



## Gulf Coast Bicycle Club Event Release Form

Please complete the following Information:

Event Name: \_\_\_\_\_

Bib Number (if applicable): \_\_\_\_\_

Mileage (if applicable): \_\_\_\_\_

**“Cycling is an inherently dangerous sport and GCBC assumes no liability for your participation. All GCBC ride are open to the public, and all riders participating in any ride or event organized by GCBC accept and assume all risks of participating. By participating, you agree to waive any such claims against GCBC for personal injury and/or damage.”**

**FULLY ASSUME THE RISK ASSOCIATED WITH SUCH PARTICIPATION INCLUDING by way of example , and not limitation: dangers associated with man-made and natural jumps: the dangers of collision with pedestrians, vehicles, other riders and fixed or moving objects: the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment or materials provided by the event organizer and others. THE RELEASEES' OWN NEGLIGENCE, the negligence of others and weather conditions: and the possibility of serious physical or mental trauma or injury or death associated with this event. For myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest (collectively “Successors”) I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE INDEMNIFY AND NOT SUE the releases and all sponsors, organizers, and promoting organizations, property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the even will be held.**

**I ATTEST THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER (NINETEEN (19) IN ALABAMA) AND THAT I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICIAPATE IN ALL ACTIVITIES ASSOCIATED WITH THE PROGRAM OR EVENTS AND MY PARTICIAPATION IN SUCH PROGRAM OR EVENTS IS VOLUNTARY.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number