

**CHARITY BIKE RIDE  
RELEASE OF ALL CLAIMS AND WAIVER OF LIABILITY**

**WARNING: BY SIGNING THIS FORM YOU WILL GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING YOUR RIGHT TO SUE. PLEASE READ CAREFULLY!**

I, on my own behalf and on behalf of any minors authorized by me to participate ("Minor") in the Charity Bike Ride (approximately 160 kilometers) benefiting Inclusion Lethbridge scheduled to take place in Alberta on June 11, 2018 (the "Event"). HEREBY ACKNOWLEDGE AND AGREE THAT I, and any Minor authorized by me to participate in the said Charity Bike Ride, will abide by all rules, regulations, and Event instructions of the Event, as well as all applicable municipal and provincial laws and regulations.

I am aware that the use and operation of a pedal bicycle, including the use and operation of a pedal bicycle on a highway, has inherent risks and I have full knowledge of the nature and extent of the risk associated with the use and operation of a pedal bicycle, the particulars of which include but are not limited to:

- (a) injuries resulting from falling and impacting against the bicycle, equipment or the ground;
- (b) injuries resulting from contact with motor vehicle traffic;
- (c) abrasion, entanglement and other injuries resulting from riding on or falling off of a bicycle; or tripping while running;
- (d) injuries resulting from natural hazards such as rocks or other debris on the road.

**RELEASE AND WAIVER OF LIABILITY**

**In consideration of permission to enter and participate in the Event, I, on my own behalf, or Minor authorized by me to participate in the Event, acknowledge the following:**

Any participating Event beneficiaries, sponsors, officials, clubs, communities, corporations, societies, organizations, volunteers, riders, crew members, consultants, participants, third party vendors, medical sponsors and members of the supporting medical team for the Event, and any government or public entities, including, without limiting the generality of the foregoing, Dr. Bryan Murray and Associates, Dr. Bryan Murray Professional Corporation, Connie Hansen, Sabelo Makalima, Lethbridge Dental Surgical Suites, Alicia Visser, Inclusion Lethbridge, Sandra Asuchak, Kinetic Indoor Cycle & Fitness, the City of Lethbridge, the Province of Alberta (including the Department of Transportation), and their respective affiliates, successors, officers, directors, employees, volunteers, agents, representatives and assigns (all collectively hereinafter referred to as the "Releasees") and each of them are not responsible for any loss or damage sustained by me including loss or damage caused by injury to my person or property or by my death howsoever caused, and notwithstanding the same may have been caused or contributed to by the negligence of or breach of the duty of care of the Releasees.

I have full knowledge of the nature and extent of the risks involved in the operation and use of a pedal bicycle and running, and in using public streets and facilities, and the use of and participation of services made available to participants in the Charity Bike Ride during the course of the Event (including medical services), and am aware that participation in the Event is a potentially hazardous activity and can result in serious personal injury or death. I am voluntarily assuming the risks involved and I do so and in so doing I fully understand that I will be solely responsible for any loss or damage I sustain, including loss or damage caused by injury to my person or property or by my death howsoever caused and notwithstanding the same may have been caused or contributed to by the negligence of or the breach of duty of care of the Releasees.

I agree to relieve the Releasees of all liability for all loss or damage arising from any cause whatsoever, including the negligence of or the breach of duty of care of the Releasees. I hereby exempt the Releasees from the legal consequences which would otherwise flow from their negligence or their breach of duty of care prescribed by the common law or prescribed by legislation, regulation, bylaws or other statutory authorities.

I hereby release, waive, and discharge the Releasees from all liability which I or my heirs, executors, administrators and assigns may advance for all loss or damage and any claims or demands for such loss or damage on account of injury to my person or property or by my death howsoever caused, and notwithstanding the same may have been caused by the negligence of or the breach of duty of care prescribed by the common law or by legislation, regulation, bylaws or other statutory authority by the Releasees, or otherwise, and I further covenant and agree not to sue the Releasees.

I attest that I am physically capable of, and have sufficiently trained for, participating in the Charity Bike Ride. If I am aware of or under treatment for any physical infirmity, disorder, ailment, or illness, my medical care provider has been appraised as to such, and has approved my participation in the Event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and my personal property.

I hereby consent to receive medical treatment which may be advisable in the event of illness or injury suffered by me during the Event, and I agree to pay for the costs of any such medical treatment.

I agree that my participation in the Charity Bike Ride is subject to the sole discretion of the organizers of the Event, and that my participation may be limited or terminated, with or without cause.

I understand that all donations processed with respect to the Event are non-refundable and non-transferable, even if I do not participate in the Event.

I further understand that my registration fee is non-transferable. That in registering for the Event I agree to pay the \$40.00 Bike fee (cheques payable to 100 Mile Bike Ride).

I understand that all donations provided to me as part of the Event, will be turned in, in full, at Inclusion Lethbridge, 527-6th Street South, Lethbridge, Alberta, no later than June 3, 2018.

I give permission to the Event organizers for the free use of my name, photograph, voice, or likeness, in any broadcast, telecast, advertising promotion, or other account of the Event or marketing or promotion for future or similar Events, and waive any rights of privacy I may have in this regard, and I understand and consent that I will periodically be receiving communications related to my participation in the Charity Bike Ride.

This Release of all Claims and Waiver of Liability shall be interpreted in accordance with, and the rights of the parties hereto shall be determined under, the laws of the Province of Alberta. The Alberta Courts shall have exclusive jurisdiction for any dispute arising under, or pertaining to, this Release of all Claims and Waiver of Liability.

I am the full age of 18 years. I am aware of the nature and effect of this Release of all Claims and Waiver of Liability. I am aware of my right to sue the Releasees in the event that I sustain loss or damage caused by injury to my person or property, and that my personal representative can sue the Releasees for loss or damage arising as a result of my death, if the physical injury to my personal property or my death was caused or contributed to by the negligence of or the breach of duty of care prescribed by the common law or by applicable legislation, regulations, or bylaws or other statutory authority by the Releasees. I hereby give up this right to sue on behalf of myself personally and on behalf of my heirs, executors, administrators and assigns in order to enter in and participate in the Event.

I, on my own behalf, and on behalf of any Minor authorized by me to participate in the Event, am executing this Release of all Claims and Waiver of Liability freely and voluntarily without any compulsion on the part of the Releasees. I acknowledge having read this entire agreement prior to signing it.

**INTENDING TO BE LEGALLY BOUND I have signed this RELEASE OF ALL CLAIMS AND WAIVER OF LIABILITY this \_\_\_\_\_ day of \_\_\_\_\_, 2018.**

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print Name of Witness

**If signing for participation in Event by Minor:**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Minor