



## Probus of Blue Mountain Cycling Group

**RELEASE OF LIABILITY AGREEMENT, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**  
BY SIGNING THIS DOCUMENT YOU WILL WAIVE  
CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE  
**PLEASE READ CAREFULLY!**

Initial

<b>Name:</b>	<b>Last</b>	<b>First</b>	
<b>Address</b>	<b>Street, Including unit number</b>		
<b>Contact Details:</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Email</b>

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH CYCLING AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY OR DEATH RESULTING THEREFROM. I ALSO ACCEPT RESPONSIBILITY FOR ANY PERSONAL OR PROPERTY DAMAGE CAUSED BY MY PATICIPATING IN CYCLING.

Notwithstanding the acknowledgement of such risks, I hereby release the Probus Cycling group, its contractors, trip leaders, employees, volunteers, agents, and executors from all claims for damage whatsoever arising as a result of my participation in this or any other activity conducted by the group and I agree that this waiver shall be effective and binding upon my heirs, next of kin, administrators, assigns and representatives in the event of my death or incapacity. I affirm that I am aware of the nature of the activity, its approximate length, duration, and degree of difficulty and that I am properly equipped and physically able to participate. I have no medical or other condition, which might preclude my participation. I agree to pay the costs of any emergency evacuation of my person or other belongings that may be necessary through my participation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2021 \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Emergency Contact		
<b>Name:</b>	<b>Last</b>	<b>First</b>
<b>Contact Details:</b>	<b>Home Phone</b>	<b>Cell Phone</b>