



WAIVER OF LIABILITY

Liability Waiver must be completed and signed before the entrant can be entered in the bike ride!

WAIVER: I understand that the Witches of South Walton bike ride (the “Event”) is an athletic event that should only be engaged in by persons who are physically fit and in good health, as determined by a physician. I also understand that my participation entails some risks, including but not limited to injury or death, caused by my actions as well as the acts or omissions of fellow participants.



In consideration of your accepting this entry and allowing me to participate in this Event, I, the undersigned, intending to be legally bound hereby, for myself, my representatives, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Witches of South Walton, The Children’s Volunteer Health Network, and the community you are riding in,, its organizers, its officers, directors, volunteers, agents, successors, and assigns, and any and all sponsors, and their representatives, successors, and assigns, from death or any and all injuries or damages suffered by me in said Event.

I attest and verify that I will participate in this Event as an entrant, that I am physically fit for this Event, and accept all risks associated with my participation. Further, I hereby grant full permission to Witches of South Walton and the organizers to use without compensation any photographs, videotapes, motion pictures, or any other recordings or other record of this Event containing my image for any purpose whatsoever.

Ride Information:

Printed Name

Signature

Email address *Zip Code*