



Release of Liability, 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!

Awareness and Assumption of Risk:

I am aware that the Cycling Skills Courses involve risk of personal injury, death, property damage, expense and related loss including the loss of income. Included in these risks are negligence on the part of the Greater Victoria Bike to Work Society, its Directors, Officers, Coordinators, Volunteers, Employees, Contractors, other Participants and Owners of the Facilities where the activities occur (referred to in the rest of this agreement as the Greater Victoria Bike to Work Society).

I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including the loss of income.

Release of Liability, Waiver of Claims and Indemnity Agreement:

In consideration of the Greater Victoria Bike to Work Society accepting my application to participate in the Bike Skills Course, I agree:

- To waive any and all claims that I may have in the future against the Greater Victoria Bike to Work Society, and Others; and
- To release the Greater Victoria Bike to Work Society and Others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care; and
- To hold harmless and indemnify the Greater Victoria Bike to Work Society and Others from any and all liability for any damage of property of, or personal injury to, any third party, resulting from my participation in this activity.

I have read this agreement and understand it. I have been provided with sufficient time to review this document and fully understand all of the contents of this document.

I am aware that by signing this document, I am waiving certain rights which I or my child may have against the Greater Victoria Bike to Work Society and Others.

Date

Witness Signature

Participant Signature

Please print name clearly

Please print name clearly

Emergency Contact: Name: _____ Phone: _____