RIDE WITH ME FOR AUTISM WAIVER/RELEASE

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Please read and sign form below and bring to check in the morning of the ride.		
Name	Age	_
E-Mail		
Address	Gender	_
City	State	_ Zip
Phone (h) Phone (w)		
ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT TO: ALL RIDE WITH ME PARTICIPANTS, VOLUNTEERS, SUPPORTERS, PARENTS/GUARDIANS MUST SIGN WAIVER RELEASE FOR THEIR MINOR CHILDREN		
hereby, for myself and anyone acting on my be City of Jacksonville, Jessica Green Foundation volunteers and any sponsors and their represent event located at Camp Milton and on the Jacks a potentially hazardous activity. I acknowledge dangers of participating in this bicycling event, to the following dangers; dehydration, hyperthe participants and fixed or moving objects, dange weather conditions, animals, the possibility of sufficiently trained for the completion of this e hazards than are enumerated here, and that the knowledge of the inherent risks of injury. I unvoluntarily accept the terms of this waiver and for the event and to follow instructions issued lidirector may cause the event to be modified, popersons considered to have insufficient experie excuse. I agree that my name, voice or picture details written about me on this entry form are sanctioning body, and the special regulations of endanger myself or others if I participate in this waiver of liability and accept the risks and responding my name and picture in any broadcast broch. I understand the risks involved in this ride and release agreement. I agree, for myself and succrecitals, and that should I or any of my success liable for the expenses (including legal fees) in finally adjudicated liable on such claims for wi	chalf, release any a , Ride with Me for tatives, successors on ville-Baldwin Fe e that participating, and fully assume ermia, hypothermiers arising from of serious physical a vent and know that are unknown and erstand the risks release agreement by event officials. Sostponed or relocated on the control of the event. I have sevent, or would bonsibility associature, website, or act I have carefully recessors, that the alors assert any claicurred by the othe llful or wanton ne	for this entry, I, the undersigned intending to be legally bound, and all claims for damages I may have against the State of Florida, r Autism, Performance MultiSports, the event organizers, directors, is and assigns for any and all injuries and death suffered by me in said that I attest and verify that I know that a bicycling event can be go in this bicycling event is inherently dangerous. I fully realize the the risk associated with such participation, including but not limited its, hyponatremia, collision with pedestrians, vehicles, and other event there surface hazards, equipment failure, inadequate safety equipment, and/or mental trauma and injury, including death. However, I have at I am participating at my own risk. I understand that there are more and unforesceable hazards. I engage in the activity of this event with involved in this event and I have carefully read, understand and to In addition, I agree to abide by the rules and conditions laid down I understand that circumstances beyond the control of the event ted. I accept that the organizers reserve the right to refuse entry from those who fail to follow the rules and conditions: ignorance is no retrormance MultiSports for promotional purposes. I affirm that the emy sole responsibility to be familiar with the course, the rules of the enophysical or mental condition which, to my knowledge, would interfere with my ability to participate in this event. I have read this ted with entering this event. I hereby grant permission for the free use excount of this event. Lead, understand and voluntarily accept the terms of this waiver and any over representations are contractually binding, and are not mere m in contravention of this agreement, I or my successors shall be a party or parties in defending, unless the other party or parties are regligence. This agreement may not be modified orally, and a waiver a consent to any other provision herein or as consent to any subsequent
SIGNATURE		DATED
Signature of Applicant (All applicants must sign in ink)		
FOR MINORS: PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING		
I, as parent or guardian of the Applicant, represent to the Releasees that the facts here in concerning my child or ward are true. I give my permission for my child or ward to enter the Ride with Me for Autism presented by Jessica Green Foundation, Inc. during the period of the license applied for, and further agree, individually and on behalf of my child or ward, to the terms of the above		

agreement.