

Waiver and Assumption of Risk

I, _____, have voluntarily agreed to participate in a bike ride hosted by the Western North Dakota Synod of the ELCA (the "Synod"), from May 30 – June 1, 2017, for the benefit of world hunger (the "Bike Ride").

I assume responsibility for all of my actions while traveling to and/or from the Bike Ride, and/or while engaged or participating in the Bike Ride, including any stops or breaks during the Bike Ride.

I am fully aware of the risks and hazards connected my participation in this Bike Ride, and I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that I may sustain, or loss or damage to property owned by me, as a result of participation in the Bike Ride. I understand that in the event of an accident, injury, illness or other emergency involving me, the Synod will contact appropriate health care providers immediately, but that the Synod does not otherwise assume any responsibility or obligation to provide medical assistance, financial assistance, or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage involving me.

I hereby RELEASE, WAIVE, and DISCHARGE the Synod, its Board of Directors, its officers, agents, employees, and volunteers from any and all liability, claims, demands, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity during the Bike Ride.

Further, I hereby indemnify and hold harmless the Synod, its Board of Directors, its officers, agents, employees, and volunteers from any and all liability, claims, demands, and causes of action brought against the Synod by a third party and arising out of any loss, damage, or injury, including death, directly caused by my actions, regardless of whether such actions result from inadvertence, negligence, or intentional wrongdoing.

In signing this release and liability waiver form, I acknowledge that I HAVE READ THE FORGOING, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed.

Signature of Participant

Printed Name of Participant

Date

(_____) _____

Phone Number