

BIKE MS RELEASE AND WAIVER OF LIABILITY

By signing this Bike MS Release and Waiver of Liability (“Waiver”), and for consideration of participation in the _____ Bike MS event (“Event”), currently scheduled to take place on _____, 20____, I, _____, fully and completely waive and release the National Multiple Sclerosis Society (“Society”), its chapters, directors, officers, administrators, representatives and executors, past and present employees, volunteers, agents, supervisors, participants, all state and local governments, assigns, sponsors, their representatives and successors and other persons (collectively, the “Releasees”), from any and all claims, liabilities, damages, and/or causes of action arising out of an injury to me (or my dependent) and from any and all claims, liabilities, damages, and/or cause of actions arising from, or relating to, my (or my dependent’s) participation or attendance in the Event.

Inherent and Potential Risks

I understand that Bike MS involves strenuous physical activity associated with bicycling long distances potentially over the course of several days. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating in Bike MS relating to the risk of strenuous physical activity, collisions with other riders, vehicles, and pedestrians, or falling off my bicycle. I acknowledge that I (or my dependent) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume all risks from contact with other participants and volunteers (including, but not limited to, contracting a disease), negligent or wanton acts of other participants and volunteers, any defects of conditions of road surfaces (including uneven or wet road surfaces or gravel on the road surface), failure of cyclists, vehicles, and non-participants to observe traffic signals or laws, and the effects of weather including high heat, thunderstorms, lightning, precipitation, cold temperatures, high winds, and/or humidity. To the extent that applicable statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Releasees.

I acknowledge that electric assisted bicycles may be permitted at Bike MS events provided that such bikes are classified as bicycles under applicable state law. If I choose to ride an electric assisted bicycle in Bike MS, I understand that the Society may not provide support for an electric assisted bicycle.

I assume all risks associated with consuming any food or drink available at the Event. I am solely responsible for any adverse health effects from food or beverage consumption, regardless of any allergy, known or unknown, that I (or my dependent) may have. I agree not to consume alcohol or narcotics prior to or while cycling in the Event.

I acknowledge that my participation in Bike MS may involve an overnight stay and time off my bicycle where I am still attending the Event. I assume all risk for any and all activities in addition to cycling that I (or my dependent) engage in throughout the entirety of the Event, including my (or my dependent’s) safety for the entirety of the Event.

I agree to dress myself (or my dependent) appropriately as to mitigate risk of physical injury to myself (or my dependent) including, but not limited to: wearing shoes appropriate for strenuous cycling involved in the Event; and dressing in conjunction with the weather. I understand that wearing a helmet that satisfies Consumer Product Safety Commission (“CPSC”) standards is a requirement to participate in the Event unless I qualify for a religious headwear helmet exemption, as determined by the Society (e.g., members of the Sikh religion). Absent any such exemption, I agree to wear a helmet that satisfies CPSC standards for the entirety of my participation in the Event.

I agree that the Releasees are not responsible for any personal items or property (including rented or borrowed property) lost, stolen or damaged before, during, or after the Event.

I agree to alert a Society employee or volunteer if I leave the mapped route at any time and to check back in if I return to the route. I understand that if I leave the route and return later, the route may be unsupported. In addition to the risks outlined above, I understand that if I ride an unsupported route, I assume all associated risks therewith, including but not limited to removal of signage, lack of law enforcement and traffic control, discontinuation of aid stations, poor visibility, and a lack of assistance in case of an emergency.

Weapons are strictly prohibited at all Society events. I agree not to bring a weapon of any kind to the Event, including all Society sponsored pre and post Event activities.

GEORGIA EVENTS ONLY: For the safety of the community, the Society’s national policy is to have events free of weapons. The Society requests your adherence to this policy.

Medical Evaluation

I attest that I (or my dependent) am medically and physically able to participate in Bike MS. If I experience any doubt as to my (or my dependent’s) ability to successfully and safely participate in and/or complete Bike MS, I take full responsibility for consulting a physician. I attest that, if I (or my dependent) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my dependent) should have or did consult a physician prior to participating in Bike MS.

I consent to emergency medical care and transportation in the event of injury to me (or my dependent) as medical professionals may deem appropriate. This Waiver extends to any liability arising out of, or in any way connected with, the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligent emergency rescue operations.

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Voluntary Participation

I am fully aware of the risks connected with participation in Bike MS, whether specifically listed in this Waiver or not, and I voluntarily elect to participate in Bike MS knowing that my participation involves these risks. My voluntary participation and waiver also acknowledge any additional risks occasioned by any inherent or previously-existing physical limitations, whether known to me or not, that I or my dependent may have. I understand that my participation in Bike MS accompanies a minimum fundraising obligation for the benefit of Society.

Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue

In consideration for being permitted to participate in Bike MS, I voluntarily agree for myself, my family, heirs, assigns, executors, and administrators to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me (or my dependent), or any loss or damage to property owned by me (or my dependent), as a result of participating in Bike MS.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE** the Releasees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my dependent), or to any property belonging to me (or my dependent), while participating in Bike MS including, but not limited to, any claim that the act or omission complained of **was caused in whole or in part by the negligence or carelessness of the Releasees.**

Acknowledgment and Compliance with Rules

I agree to observe all rules and safety procedures that accompany Bike MS and to abide by any decision of an event official relative to my (or my dependent's) ability to safely participate in the Event. I agree to exhibit appropriate behavior at all times and to obey all laws, including all applicable state and local laws and regulations governing cyclists. Society and event officials may dismiss me (or my dependent), without refund, should my (or my dependent's) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

Contagious or Infectious Disease Acknowledgement

I hereby acknowledge and understand my participation includes the possible exposure to and illness from contagious or infectious diseases, such as the 2019 novel coronavirus ("COVID-19"). I accept the risk of life-threatening illness, temporary or permanent disability, or even death. I understand that the Society cannot guarantee that I will not become infected with a contagious or infectious disease and that being at this event may increase my risk of contracting such disease or illness.

Further, I knowingly and voluntarily agree to follow all required and relevant federal, state, local, and Society guidelines and recommendations to maintain the health and safety of event attendees. I will not participate in the ride if I am sick or if I have knowingly been exposed to someone with symptoms of an infectious or contagious disease. Prior to the event, I acknowledge and agree that I will fully and truthfully fill out and sign any waivers, releases, and/or questionnaires that may be required of me by the Society as a condition to volunteering at the event.

Severability

I agree that if any portion of this Waiver is deemed to be invalid, the remainder of the Waiver will still be binding and enforceable.

Photography and Website Release

I hereby grant full permission to the Society to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this event, including all Society sponsored pre and post event activities, in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, as well as to use my name, voice, likeness, and/or other indicia of identity, for editorial, educational, promotional, advertising, and commercial purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of the Society. Further, I relinquish all rights, title, and interest in any and all photographs, motion pictures, recordings, or other records of Bike MS I may take or capture to the Society.

I grant permission for the Society to publish and recognize my participation in Bike MS on its website and I have reviewed and consented to the Society's Online Privacy Policy found at www.nationalmssociety.org/Helpful-Links/Legal-Notice-Privacy-Policy/Privacy-Policy.

I acknowledge and represent that I have carefully read and understand all terms of this Bike MS Release and Waiver of Liability.

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Full Name: _____

Signature: _____

Date: _____

Emergency Contact Name: _____ **Emergency Contact Number:** _____

Emergency Contact Relationship: _____

COMPLETE BELOW SECTION IF YOU ARE A PARENT/GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

I attest that I am in fact the parent or legal guardian of the below-named participant and am legally authorized to sign on the participant's behalf. I hereby give my approval to this individual's participation in Bike MS. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees for any claim arising or any injury to my dependent and from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my dependent's participation in Bike MS. I consent to the foregoing and grant permission for my dependent to participate in Bike MS. I attest that my dependent, the below-named participant, is a minimum of twelve (12) years of age as of the date of Bike MS and that my dependent will be accompanied by _____ (insert name of adult twenty-one (21) years of age or older) ("Temporary Guardian") throughout his/her participation in Bike MS. I entrust Temporary Guardian with the health and well-being of my dependent throughout the duration of Bike MS.

I attest that I, along with my dependent, have read the Society's safety guidelines, including, but not limited to, the *Safety in Group Cycling* brochure and fully understand and will comply with such guidelines.

I acknowledge I have carefully read, accept, and agree to the terms of this Waiver, and know and understand its contents and I sign the same on my own free act and deed.

Dependent's Full Name: _____

Parent/Guardian's Full Name: _____

Parent/Guardian's Signature: _____ **Date:** _____