RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") FOR ALL ACTIVITIES PROVIDED BY BIKE WALK CORAL GABLES

IN CONSIDERATION of being permitted to participate in any way in the Bike Walk Coral Gables sponsored Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bike Walk Coral Gables Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. FULLY UNDERSTAND that: (a) BIKE WALK CORAL GABLES ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Bike Walk Coral Gables, the Coral Gables Museum, the City of Coral Gables, UM Bike Safe, Green Mobility Network, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS: AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT:

ADDRESS:			P	HONE:
(Street)	(City)	(State)	(ZIP)	
PARTICIPANT'S SIGNATURE (only if age	e 18 or over):			
I HAVE READ THIS RELEASE	DATE:			
MINOR RELEASE				
AND I, THE MINOR'S PARENT AND/OR	LEGAL GUARDIAN, U	INDERSTAND T	THE NATURE O	F BIKE DAY ACTIVITIES AND
THE MINOR'S EXPERIENCE AND CAPAR	BILITIES AND BELIEV	E THE MINOR	TO BE QUALIF	TIED, IN GOOD HEALTH, AND
IN PROPER PHYSICAL CONDITION TO F	PARTICIPATE IN SUC	H ACTIVITY. I F	HEREBY RELEA	ASE, DISCHARGE, COVENANT
NOT TO SUE, AND AGREE TO INDEMNII	FY AND SAVE AND H	OLD HARMLES	S EACH OF TH	E RELEASEE'S FROM ALL
LIABILITY, CLAIMS, DEMANDS, LOSSES	, OR DAMAGES ON T	HE MINOR'S AC	COUNT CAUSE	ED OR ALLEGED TO BE
CAUSED IN WHOLE OR IN PART BY THI	E NEGLIGENCE OF T	HE "RELEASEES	S" OR OTHERW	ISE, INCLUDING NEGLIGENT
RESCUE OPERATIONS AND FURTHER A	GREE THAT IF, DESI	PITE THIS RELE	EASE, I, THE MI	NOR, OR ANYONE ON THE
MINOR'S BEHALF MAKES A CLAIM AGA	INST ANY OF THE R	ELEASEES NAM	IED ABOVE, I V	VILL INDEMNIFY, SAVE, AND
HOLD HARMLESS EACH OF THE RELEA	SEES FROM ANY LIT	IGATION EXPE	NSES, ATTORN	IEY FEES, LOSS LIABILITY,
DAMAGE, OR COST ANY MAY INCUR AS	THE RESULT OF AN	Y SUCH CLAIM.		
PRINTED NAME OF PARENT/GUARDIA	N:			
ADDDECC.			D	HONE.

(City) (State) (ZIP)

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

I HAVE READ THIS RELEASE_____DATE:____