



## TOUR DE GRACE

Saturday, June 27, 2020

Rider Number Assigned:

### Pre-Registrants: Release of Liability & Photo Release

I understand that I may be exposed to a variety of hazards and risks, foreseen or unforeseen, during my participation in *Tour de Grace* from Stratton Mountain to Townshend, VT on Saturday, June 27, 2020. These risks are inherent in any bicycle rally, and cannot be eliminated without destroying the unique character of such an event. These inherent risks include, but are not limited to, the danger of serious personal injury, property damage, and death from exposure to the hazards of bicycle riding on paved and dirt roads in a variety of weather conditions. I know that injury and damage can occur by natural causes or activities of other persons, animals, participants or organizers, either as a result of or negligence or because of other reasons. The undersigned hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during *Tour de Grace*. To the fullest extent allowed by law, I agree to Waive, Discharge Claims, and Release from Liability Grace Cottage Family Health & Hospital, its officers, directors, employees, agents and rally volunteers from any and all liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of Grace Cottage Family Health & Hospital, its officers, directors, employees, agents and rally volunteers. I further agree to Hold Harmless Grace Cottage Family Health & Hospital, its officers, directors, employees, agents and rally volunteers from any claims, damages, injuries or losses caused by my own negligence while a participant in *Tour de Grace*. I understand that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on *Tour de Grace*.

I recognize that Grace Cottage Family Health & Hospital has the right to record the event through video and still photography of any and all participants. I voluntarily consent and agree that Grace Cottage Family Health & Hospital may use, in whatever manner it deems appropriate, any images or photographs of me taken during this event.

Participant Name (Please Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Name/Phone:** \_\_\_\_\_

### **If you are under age 18, your parent or legal guardian must sign this agreement on your behalf.**

I hereby agree and consent to the above Agreement on behalf of:

Name of Minor: \_\_\_\_\_ Age of Minor: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_