RELEASE FROM LIABILITY DISCLAIMER

By signing this release, I acknowledge and agree to the following:

- I. Assumption of Risk: I understand that participating in the Indiana & Cambria Counties Seat to Seat Ride involves inherent risks, including but not limited to:
 - Injuries caused by falls, collisions with other riders, vehicles, or objects
 - Road hazards such as potholes, debris, or changing road conditions
 - Adverse weather conditions
 - Physical exertion and the potential for heat-related illnesses
- II. Helmet Use: I understand that wearing a properly fitted bicycle helmet is strongly recommended to reduce the risk of head injury. I assume full responsibility for my decision to wear or not wear a helmet.
- III. Waiver of Liability: I voluntarily assume all risks associated with participating in the ride and hereby release, waive, and discharge the ride organizers, sponsors, volunteers, and any other involved parties from any and all liability for any and all claims, demands, actions, damages, or injuries, including death, that may arise out of or in connection with my participation in the ride.
- IV. Indemnification: I agree to indemnify and hold harmless the ride organizers, sponsors, volunteers, and any other involved parties from any and all claims, damages, or liabilities arising out of my participation in the ride.
- V. Medical Consent: I certify that I am physically fit to participate in this event and have not been advised otherwise by a qualified medical professional. I authorize emergency medical treatment in the event of an accident or illness.
- VI. Photography and Publicity: I grant permission for my name, image, and likeness to be used for promotional purposes related to the ride.

I HAVE READ AND UNDERSTAND THIS RELEASE AND AGREE TO ITS TERMS.

Participant's Name (PLEASE PRINT):	
Participants Signature:	_ Date:
FOR PARTICIPANTS UNDER THE AGE OF 18	
Parent or Guardian's Name (PLEASE PRINT):	
Parent or Guardian's Signature:	Date: