



NCAC Liability Waiver

Event: NorCal AIDS Cycle 2024

I certify that I am physically fit, will have sufficiently trained and prepared to participate in this event and have not been advised otherwise by a physician or other qualified healthcare provider. I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, lack of hydration, equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, journalists, event officials, event monitors, and/or producers of the event. The risks are not only inherent to athletics, but are also present for volunteers and support staff. I hereby assume all of the risks of participating and/or volunteering in this event called NORCAL AIDS CYCLE held May 16 – May 19, 2024.

As a Cyclist I agree:

- 1) To raise at least \$2,000 for NorCal AIDS Cycle by 4pm on Wednesday, May 15, 2024.
- 2) In the case I have not met the \$2,000 fundraising minimum by 4pm on May 15, 2024; I will pay the difference between my fundraising total and \$2,000 to NorCal AIDS Cycle by cash, cashier's check, money order, or credit card in order to participate in the event as a Cyclist. I will be allowed to continue fundraising until June 29, \$2,000.
- 3) That I am responsible for my own safety during this event and its associated activities. I agree to wear a properly fitted cycling helmet approved by SNELL, ANSI, ASTM, or CPSC at all times while riding and I will abide by the NorCal AIDS Cycle rules of the road and all applicable California Vehicular Codes. I understand that the NorCal AIDS Cycle directors / event coordinator may deny or restrict my participation in this event for any reason at any time.

As a Crew Member / Moto Crew Member I agree:

- 1) To raise at least \$600 for NorCal AIDS Cycle by 4pm on Wednesday, May 15, 2024.
- 2) In the case I have not met the \$600 fundraising minimum by 4pm on May 15, 2024; I will pay the difference between my fundraising total and \$600 by cash, cashier's check, money order, or credit card in order to participate in the event as a Crew Member. I will be allowed to continue fundraising until June 29, 2024.
- 3) I understand that I am responsible for my own safety during this event and its associated activities. I will abide by the NorCal AIDS Cycle rules of the road and all applicable California Vehicular Codes. I understand that the NorCal AIDS Cycle may deny or restrict my participation in this event for any reason at any time, and / or may require me to obtain medical clearance as a condition of participation.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: NorCal AIDS Cycle, its directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event beneficiaries, event directors, event volunteers, as well as any and all involved municipalities or other public entities, (and their respective agents and employees); (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event. I have read, understand, and agree to abide by the rules of the event as published on the event website. I also understand that at this event or related activities, I may be photographed. I agree to allow my name and/or likeness to be used for any legitimate purpose by event holders, producers, sponsors, organizers and assigns.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors, and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

SIGNATURE: _____

PRINT NAME: _____