

Waiver of Liability and Assumption of Risk Agreement

In consideration of the use of the premises leased by the Bicycle Post Off Road Riding Club, Inc., for the purposes of cycling or running, including events and races, and recognizing the voluntary nature of my and/or my minor child's participation in these events, I, the undersigned person do hereby release the Bicycle Post Off Road Riding Club, Inc., the Bicycle Post, East Carolina Velo Cycling Club, and the landlords of the premises, Harris and Mary Ann Johnson, its and their officers, agents, employees, shareholders, successors, heirs and assigns from any and all claims, losses, liabilities, demands, actions, suits or causes of any kind, nature or character, including claims for attorney's fees, costs and expenses, known or unknown, of any kind or type whatsoever in any way related to or arising from or occurring as a result of the use of the premises leased by the Bicycle Post Off Road Riding Club, Inc.

I further warrant, understand and agree that I shall wear an ANSI or SNELL approved helmet while using the premises for cycling, that I have tendered the fee or dues established by the Bicycle Post Off Road Riding Club, Inc. for the use of the premises and that I shall abide by all rules and regulations published by the Bicycle Post Off Road Riding Club, Inc.

I further understand and agree that I am assuming the risk of injury or damage to property by engaging in the activities on the premises leased by the Bicycle Post Off Road Riding Club, Inc. and that the use of said premises is at my own risk and neither the Bicycle Post Off Road Riding Club, Inc., the Bicycle Post, East Carolina Velo Cycling Club, or the landlords of the premises, Harris and Mary Ann Johnson have any responsibility for my safety related to the use of said premises. This release shall be binding upon my executors, administrators, personal representatives, heirs, successors, and assigns and shall inure to the benefit of same.

Date

Signature (of parent or Guardian of
minor participant, if applicable)

Printed Name (of parent or Guardian)

Address

(_____) _____ - _____
Phone

Signature of minor participant (if
applicable)

Printed name of minor participant (if
applicable)

Emergency Contact (relation)

Emergency Contact Phone