



**RELEASE, WAIVER OF LIABILITY  
& ASSUMPTION OF RISK FOR  
PARTICIPANTS IN THE  
SLOW ROLL LAUDERHILL PROGRAM**



I, on behalf of myself, (or on behalf of my minor child/ward), \_\_\_\_\_, declare that I am a participant in the Slow Roll Lauderhill Program, the cycling rides of which be held on various dates throughout the series (hereinafter referred to as “PROGRAM”) and I understand that my (my child/ward’s) participation in this PROGRAM is completely voluntarily. I, on behalf of myself (my child/ward), recognize that the CITY OF LAUDERHILL will not be held responsible for, or liable for, any activities performed in connection with the PROGRAM. I recognize that I (my child/ward) am/is not an officer, agent or employee of the CITY OF LAUDERHILL, and I furthermore agree on behalf of myself (my child/ward) not to represent myself (my child/ward) to be an officer, agent, or employee of the CITY.

I understand that Program will take place along open roadways. I acknowledge that cycling on open roads is an inherently dangerous activity. I choose to participate in the PROGRAM and cycling at my own risk, AND UNDERSTAND THAT THE RISKS INCLUDE SERIOUS PERSONAL INJURY OR EVEN DEATH. I understand the risks inherent in cycling on open roads including, without limitation, the risks of collision with motor vehicles, other cyclists, pedestrians and animals, and the risks of uneven or damaged pavement and sidewalks. I understand that the PROGRAM may take place in darkness and there are risks inherent in riding after dark. I understand that I am responsible for the maintenance and roadworthiness of my bicycle, including assuring that it is equipped with lights and other appropriate safety devices and that I am responsible for wearing a helmet. I will be solely responsible for my own actions when operating any equipment or vehicle during the Program and I will abide by the PROGRAM Code of Conduct. I understand that I am participating in this Program solely at my own risk and that the CITY is in no way responsible for me. Aware of these risks, I hereby assume the risk of participating in the PROGRAM and release and forever discharge the CITY for all claims of any kind that I may have or later accrue because of my participation in the PROGRAM, INCLUDING CLAIMS ARISING FROM THE CITY’S OWN NEGLIGENCE.

I hereby represent that I am in good health, have no communicable diseases and have no medical condition, physical or mental, that would impair my capacity to participate in cycling or the PROGRAM.

I do hereby on behalf of myself (and/or on behalf of my child/ward) and my heirs, executors, legal representatives, successors and assigns knowingly, freely and voluntarily release, acquit, waive, discharge, and covenant to hold harmless the CITY OF LAUDERHILL, it’s officers, employees, agents, volunteers and their respective heirs, successors and assigns (collectively referred to above and herein as “CITY”) from any and all liability, claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, defense costs, attorneys fees, loss of services, compensation, judgments, executions or demands whatsoever which may be caused or sustained by me and/or my child/ward, directly or indirectly, in connection with my participation in the PROGRAM, whether caused by the negligence of the CITY or otherwise.



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If any portion of this Release, Waiver, and Assumption of Risk should be held unenforceable for any reason, the remainder shall remain in full force and effect. This Release, Waiver, and Assumption of Risk shall be governed by the laws of the State of Florida.

I hereby grant to the CITY and it assigns a global license to use any and all photographs, videotape or other media of me participating in the PROGRAM without any additional prior notice or compensation.

SIGNATURE OF PARTICIPANT (OR OF PARENT/GUARDIAN IF PARTICIPANT IS A MINOR):

X \_\_\_\_\_

PARTICIPANT FULL NAME:

PARTICIPANT DATE OF BIRTH:   /   /

ADDRESS:

CITY:                STATE:   ZIP:

PHONE: (    )    -     TODAY'S DATE:   /   /

E-MAIL ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE: (    )    -