



Move Minneapolis Bike Ride Waiver
Liability Release, Waiver, Discharge and Covenant Not to Sue

- 1. I request permission to participate in a bike ride of Downtown Minneapolis Transportation Management Organization d/b/a Move Minneapolis (the "Program"). I understand that participation in the Program is voluntary, and is not a requirement. I understand that if I do not sign this Liability Release, Waiver, Discharge and Covenant Not to Sue (this "Release"), and agree to its terms, I will not be permitted to participate in the Program.
- 2. I understand that the risk of my participation in the Program presents hazards, including, but not limited to, physical injury, disability, death, theft, or property damage while riding my bicycle in traffic that do not exist when riding on trails or in other controlled environments. I understand that wearing a helmet is strongly encouraged for all Program participants, and I assume full risk for injury sustained while participating in the Program.
- 3. I hereby waive any and all claims against, release, hold harmless, indemnify, and promise not to sue Move Minneapolis, its Board of Directors, officers, employees, students and agents ("Releasees") for any and all harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature which I may have or which may hereafter accrue to me, known or unknown, arising out of or related to any loss, damage or injury, including, but not limited to, suffering and death that may be sustained by me or damage to any property belonging to me, including, but not limited to, any loss, damage, or injury caused by the negligence or carelessness of the Releasees, while I am participating in the Program or because of my participation in the Program.
- 4. I assume full responsibility for determining that I am physically fit for participation in the Program. I further assume responsibility to voluntarily refrain from any activity, which might exacerbate any preexisting or current medical condition, which I may have or develop. I further state that there are no health-related reasons or problems which preclude or restrict my participation in the Program, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.
- 5. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release by reading it before I sign it, and that I have reviewed it, and I understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made.
- 6. I further agree that this Release shall be construed in accordance with the laws of the State of Minnesota. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.
- 7. I further state that I execute this Release for full, adequate, and complete consideration, fully intending for myself to be bound by the same.

IN WITNESS WHEREOF, I have executed this Release as of the date written below.

Signature: _____ Printed Name: _____

Signature of legal guardian if participant is under the age of 18: _____

Printed name of legal guardian if participant is under the age of 18: _____

Email: _____

Phone (optional): _____

Date: _____