

# The SMART Ride

## Training Ride

### Waiver of Negligence and Complete Release of Liability

I wish to participate in one or more noncompetitive bicycle training rides sponsored by TSR Adventures, Inc., d/ b/a The SMART Ride ("EVENT"). I understand that in participating in these rides I will be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during bicycle riding and that I may be seriously injured or killed as a result. I am voluntarily participating in these rides with knowledge of the dangers involved and I agree to accept all risk of injury or death.

In consideration for being permitted by EVENT to participate in these rides, I agree to assume all risks and to release and hold harmless A.H. of Monroe County, Inc. (AIDS Help), Miracle of Love, Inc., North Broward Hospital District d/b/a Broward Health, for an on behalf of Children's Diagnostic and Treatment Center, Inc., Compass Inc. of Palm Beach County, Inc., Broward House, Metropolitan Charities, Pridelines, Florida Department of Transportation Highway and Transportation District and their affiliated organizations, designated beneficiaries, sponsors, officials, organizers, participating clubs, communities, organizations, friends of EVENT and all other government or public entities (and all their respective directors, officers, agents, employees and members), who through negligence, carelessness or any other cause might otherwise be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all persons and entities mentioned above, from all claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in these rides, even through that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault.

I am physically capable of completing these rides. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in these rides. I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives. I agree to accept and abide by all instructions of the ride leader. I will abide by all the rules and regulations of the Florida Vehicle Code. I agree to wear a properly fitted and adjusted ANSI-certified or SNELL-certified helmet during these rides.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between me and the persons and entities mentioned above and I sign it of my own free will. Parental signature is required if the rider is under 18 years of age.

**THIS IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.**

DATE \_\_\_\_\_ Location \_\_\_\_\_

**Print Name**

**Telephone #**

**Signature**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**TURN OVER FOR MORE SIGNATURES**

**\*\*Please return to The SMART Ride after each training ride is completed.**

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Training Ride

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Print Name

Telephone #

Signature

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