Frazier Cycling Inc.

Rider Release, Waiver and Consent Form

Participant's Name _____ DOB _____ Age _____

Street Address _____

City, State, Zip_____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact _____Phone_____Relation_____

Emergency Contact _____Phone_____Relation_____

I ACKNOWLEDGE THAT CYCLING IS AN INHERENTLY DANGEROUS SPORT WHERE SERIOUS INJURY AND DEATH CAN AND DOES OCCUR. I understand and agree that I will participate in all Frazier Cycling Inc. activities at my own risk. I further understand and agree Frazier Cycling Inc. is a Georgia corporation that provides cycling activities for its members/guests for the advancement of the sport, which will be a direct benefit to me. Therefore, on behalf of myself, my heirs, successors and assigns, and personal representatives, I HEREBY WAIVE, RELEASE, HOLD HARMLESS, DISCHARGE, INDEMNIFY AND PROMISE NOT TO SUE Frazier Cycling Inc., its sponsors, members, directors, officers, attorneys and employees (collectively the "Released Parties") from any and all rights and claims including those arising from the Released Parties' own negligence, which I have or which I may hereafter accrue from any and all damages sustained by me of any kind directly or indirectly in connection with, or arising out of, my participation in any races, training rides/practices, coaching or other activities run, sponsored, promoted or encouraged by Frazier Cycling Inc., or travel to or return from such activities. I represent that, based upon a recent physical examination by a licensed medical provider, to the best of my knowledge I have no medical or physical condition that would affect my ability to participate in bicycling, racing/riding or any Frazier Cycling Inc. event or that my participation would endanger my health.

If I suffer an injury or illness while participating in Frazier Cycling Inc. coaching or a group ride/cycling event, and if I am unable to consent to medical treatment, Frazier Cycling Inc. is authorized to contact the following emergency contacts to obtain such consent to treatment. In the event that I am unable to give consent and Frazier Cycling Inc. is unable to contact either of the emergency contacts at the telephone numbers above, I hereby authorize Frazier Cycling Inc. to obtain such emergency medical care or treatment as Frazier Cycling Inc. deems necessary. I further consent to the provision to me of such emergency medical care or treatment as is deemed reasonably necessary by a licensed physician. This consent is signed solely for the purpose of authorizing medical treatment under emergency circumstances in which I am unable to give my consent to treatment.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x_____ Date_____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x_____ Date _____
PARENT/GUARDIAN'S SIGNATURE