



**St. Hilary's Episcopal Church  
And The Victor Valley Bicycle Club**



**Presents**

**"Old Route 66"**

**Saturday May 14th 2005**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Please Circle your ride

30 Mile	\$25.00
30 Mile Tandem	\$30.00
50 Mile	\$30.00
50 Mile Tandem	\$35.00
100 Mile	\$35.00
100 Mile Tandem	\$40.00

Less Discount \_\_\_\_\_

Total \$ \_\_\_\_\_



Lunch included with all entries

Make checks payable to

St. Hilary's Episcopal Church / "Old Route 66"

11305 Hesperia Road

Hesperia, Ca. 92345

( 760 ) 244-6444

LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ('LAB') RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in Victor Valley Bicycle Club and St. Hilary's Episcopal Church sponsored Bicycling Activities ("Activity") I for myself, my personal representatives, assignees, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the ACTIVITY takes place, or THE NEGLIGENCE OF THE 'RELEASE S NAMED BELOW; (C) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the ORGANIZATIONS, LAB, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors, of premises on which the ACTIVITY takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEE S" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

I have read, understand and agree to the terms of this Agreement.

Participant's Signature.....

Print Name.....Date.....

*If Participant is a minor, parent or guardian must sign below:*

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree to it's terms on behalf of the participant.

Participant Name.....

Parent/Guardian's Signature.....

Print Name.....Date.....