The Sturge-Weber Foundation WAIVER AND RELEASE FROM LIABILITY

I, the undersigned participant in the event identified below, am exercising my own free choice to participate voluntarily in "The SWF UPENN Million Dollar Bike Ride for Research (the Benefit). I understand that there are certain risks to my personal safety connected with my participating in the Benefit. I fully understand that those risks may result from actions and omissions of other participants in the Benefit, my own possible failure to exercise due care during the Benefit, the presence and operation of motor vehicles on and near the Benefit course, the presence of pedestrians on and near the Benefit course, and other factors. I voluntarily assume the risks described above.

Helmets are required for all cyclists in the Benefit. If cyclist arrives the day of the event without a helmet, he/she will not be allowed to participate.

I promise to take due care during my participation in the event, and hereby release and discharge, indemnify and hold harmless The Trustees of the Sturge-Weber Foundation, its members, officers, trustees, agents, employees, volunteers, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons or entities, against any and all claims, demands, causes of action whatsoever, whether presently known or unknown, relating to injury, disability, death or other harm, to person or property or both, arising from my pat1icipation in and/or presence at the Benefit.

I understand that I must be I6 years of age in order to cycle in the Benefit. I understand that I must be 18 years of age in order to volunteer at the Benefit. I have read this waiver, understand its meaning and effect, and intend to be legally bound by its terms.

Printed Name: ______

Signature: _____

Date:	

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, THIS WAIVER MUST BE SIGNED BY A PARENT OR GUARDIAN.

Printed Name:			

Signature: _____

Date: _____