

New York Sports Clubs – Port Jefferson, NY

January 14, 2012

REGISTRATION & PARTICIPANT LIABILITY WAIVER FORM

Name: _____

Address: _____

Phone: (home) _____ (cell) _____

Email: _____

* Registration Fee of \$25/Hour Payable to Response of Suffolk County, Inc.

Time Slots Requested: (check all you want)

7:30 - 8:30 am:

8:30 – 9:30 am:

9:30 – 10:30 am:

REGISTER EARLY! Bikes are limited, reserve yours now. Arrive early to select your bike- Open Seating-first come, first choice. Riders of all levels may participate - ride one hour or up to three. Individual and team participants are welcome. Prizes awarded to competitors who raise the most money.

Registration deadline is January 7. Interested in participating as a noncyclist? Volunteer the day of the ride or help secure additional donations and corporate sponsors. For additional registration information, to contribute or to volunteer, contact Jennifer at 631.751.7620. For more information visit www.ResponseHotline.org.

Participant Liability Waiver

Disclaimer: The owners of this facility, the organizations planning and putting on this event, and the sponsors supporting this event (all of the above hereafter referred to as event principals) are not responsible for any injury, including death, or loss of property (including automobiles and their content) to any person suffered while on these premises or participating in this spin-athon event.

Release: In consideration of my participation in this event and use of the facilities used by this event, I hereby release (and covenant not to sue) the above principals from any and all present and future claims resulting from ordinary negligence and inherent risk associated with participant in this event, including but not limited to any loss, injury, damage, or liability sustained by me while participating in this event, or while on the premises of this event.

- I am fully aware that this facility and event does not have on premises, or employ or contract with medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.
- I understand the risks associated with participating in a cycling cardiovascular endurance event of this nature and I am participating in this event at my own risk.
- I agree that immediately prior to participating in this event, I will inspect the spin bike I have been assigned and if I detect any safety hazard or defect I will not use that bike, but will notify the proper authorities and be assigned a different bike to use.
- I understand that neither this event nor the facility used, provide for the storage of personal valuables, and I accept the responsibility for any loss of personal property while participating or while on the premises of this event.
- I also agree that I am responsible for any damages I may cause (through negligence or misuse) to this facility or to any of the properties in this facility.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE, AND ASSUMPTION OF RISK, AND FULLY UNDERSTAND I HAVE GIVE UN SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE, AND ASSUMPTION OF RISK, AND SIGN IT VOLUNTARILY. Any person under the age of 18 years must have a parent or guardian co-sign this form.

Name: _____ Signature: _____ Date: _____

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