

# Rotary Club Of Lakeport

## *Konocti Challenge Liability Release*

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to participate in the KONOCTI CHALLENGE ride. I AM AWARE THAT BICYCLE RIDING IS A HAZARDOUS ACTIVITY AND I AM VOLUNTARILY PARTICIPATING IN THE KONOCTI CHALLENGE BIKE RIDE WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND DEATH. (Initials \_\_\_\_\_)

As lawful consideration for being permitted by the Rotary Club of Lakeport, City of Lakeport, City of Clearlake, County of Lake, State of California, event sponsors, or their representatives and assigns, neither my heirs nor my assigns make a claim, sue or prosecute the persons or entities mentioned above or any of its/their members for accidental death, injury or damage resulting from negligence of any member of the foregoing persons/entities named as a result of my voluntary participation in bicycling activities. In addition, I release and discharge the person/entities named and its/their members, from all actions, demands that I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury and damage resulting from my participating in these activities. (Initials \_\_\_\_\_)

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers or assigns.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. (INITIAL \_\_\_\_\_) I AM AWARE THAT THIS RELEASE OF LIABILITY IS A CONTRACT BETWEEN MYSELF AND THE PERSONS/ENTITIES AND/OR ITS/THEIR MEMBERS AND SIGN IT OF MY OWN FREE WILL.**

**(INITIAL \_\_\_\_\_)**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian if under age 18

Emergency contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_