



USA CYCLING, INC. VOLUNTEER PROGRAM

In response to requests from promoters, USA Cycling, Inc., has implemented use of the following Volunteer Liability Form. The intent of this form is to be sure the volunteer(s) understand they are *not* covered by USA Cycling's accident insurance or workman's compensation insurance. If they are injured, they are responsible for their own medical expenses. They are also assuming the risk, and waiving claims arising from and agreeing not to sue USA Cycling, Inc. and others, as a result of any injury or damages they may suffer as a volunteer for a USA Cycling, Inc. event or program.

Volunteers are covered by the USA Cycling, Inc. event liability policy, subject to the terms and conditions of that policy as long as they sign this form. If they are named in a lawsuit, they would be defended, (and settlement would be paid on their behalf), by the liability insurance carrier assuming the claims do not arise from intentional or deliberate acts or as a result of their professional occupation, and the claims are otherwise covered by the terms and conditions of the policy. USA Cycling, Inc. makes no assurance, warranty or representation as to what claims might be covered by its liability policy and gives notice that not all claims are covered.

VOLUNTEER'S ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF THE RISK AND AGREEMENT NOT TO SUE

Program/Event Name: _____

Type of Volunteer Activity: _____

Event Date(s): _____

In consideration of the event or program organizer allowing me the opportunity to participate in the above named program or event:

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY USA CYCLING, INC. (USAC), ITS ASSOCIATIONS (THE UNITED STATES CYCLING FEDERATION (USCF), NATIONAL OFF ROAD BICYCLE ASSOCIATION (NORBA), NATIONAL COLLEGIATE CYCLING ASSOCIATION (NCCA), U.S. PROFESSIONAL RACING ASSOCIATION (USPRO), AND BMX ASSOCIATION (BMXA)), AND USA CYCLING DEVELOPMENT FOUNDATION (USACDF), AND THEIR RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, SPONSORS, PROMOTERS AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS DOCUMENT IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I attest that I am eighteen (18) years of age or older, physically fit and sufficiently trained to participate in all activities associated with the program or events noted above and my participation in such program or events is voluntary.

I ACKNOWLEDGE THAT CYCLING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THE BICYCLE PROGRAM OR EVENTS, AND FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING, by way of example, and not limitation: the dangers associated with man made and natural jumps; the dangers of collision with pedestrians, vehicles, riders, and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment provided by the event or program organizer and others, **THE RELEASEES' OWN NEGLIGENCE**, the negligence of others and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with a cycling event or program.

For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE** the Releasees and all sponsors, organizers, promoting organizations, property owners, law enforcement
WAIVER & RELEASE CONTINUED ON REVERSE SIDE

Initial _____

agencies, public entities, special districts and properties that are in any manner connected with the USA Cycling program or event, and their respective agents, officials, and employees through or by which the event or program will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE**, which I have or which may hereafter accrue to me, and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the program or events, or travel to or return from the program or events.

I agree it is my sole responsibility to be familiar with the course of the program or events, the Releasees' rules, and any special regulations for the program or events and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the program or events which may be beyond the control of Releasees, and I must participate so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment, any equipment provided for my use, and my conduct in connection with the program or events. I have no physical or medical condition which would endanger myself or others if I participate in the program or events, or would interfere with my ability to safely participate in the program or events.

I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for all expenses (including legal fees) incurred by Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as consent to any other waiver or modification. I acknowledge and participate in the program or events subject to the limitations and conditions of insurance coverage stated in the beginning of this contract. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the program or events. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

In the event that I am unable to do so on my own because of an injury, I consent to administration of first aid and other medical treatment in the event of injury and agree to pay the costs of any such treatment.

I hereby state that I have read and understand the above stated terms and conditions.

Volunteer's Name (Printed)

Volunteer's Signature

Date Signed

**MINOR VOLUNTEER'S ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY
ASSUMPTION OF THE RISK AND AGREEMENT NOT TO SUE**

Event Name: See above

Type of Volunteer Activity: See above.

Full Name of Child: _____ Date of Birth: _____

Event Date(s): See above.

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of _____ (Child). My Child is fit and capable to participate in the above program or event, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** my heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation in the program or events, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or others. **I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the program or events.

I hereby state that I am the legal guardian of the child identified above and that I am authorized to make this decision. I have read and understand the above stated information.

Parent or Guardian's Name (Printed)

Signature of Parent or Guardian

Date Signed

USA CYCLING, Inc. ■ 1 OLYMPIC PLAZA ■ COLORADO SPRINGS CO 80909 ■ PHONE 719/866-4581
■ FAX 719/866-4628 ■ E-mail: membership@usacycling.org

M: 2008 Membership Forms/2008 Volunteer release.doc