	White Clay Bicycle Club	
Ride Name:	ine Clay Bicycle Clay	Date:
		Pace:
Location	O DE LELISTO	Distance:

By signing this waiver, I do hereby release and hold harmless and covenant not to sue White Clay Bicycle Club, its officers, ride leaders, administrators, insurance carriers, directors, members or volunteers, owners and lessors of premises on which any activity takes place from all liability, claims, demands, losses or damages that may result from an accident, injury, or inconvenience on this ride. I further understand if I am not a member, Insurance coverage is not extended to me by the Club and agree to the terms of this agreement. I acknowledge that this activity will be conducted over public roads or trails and facilities open to the public and hazards are to be expected. I further agree that I will ride in a safe, prudent and courteous manner, stop for all traffic signals, ride as far to the right edge of the roadway as is safe, and obey all traffic laws. I also agree to wear a protective helmet while participating on this ride and to refrain from wearing one earplug, a pair of earplugs, or headsets for entertainment. I fully understand that bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death, and voluntarily participate in this activity. I agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participate in this activity. I understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I further attest that I am age 18 or older. (Note; If under age 18, parental permission must be given before

beginning this ride) - ALL RIDERS MUST WEAR PROTECTIVE HELMETS; NO EAR PLUGS, NO CELL PHONE USE, NO TEXTING WHILE RIDING

Name	Emergency Contact Name	Emergency Phone (302 area code unless noted)	Cell Phone (302 area code unless noted)	WCBC Member?	Initial Here		
Ride Leaders							
1.							
2.							
	Participants (Please Print Name Clearly)						
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