



WAIVER

I understand that this event has inherent risks. In consideration of the right to participate in this event with PIA, I hereby assume all risks and will hold PIA, their employees & volunteers, all sponsoring or cooperating businesses, organizations and municipalities, their employees and agents harmless from any and all liability, actions, causes of action, debts, claims, demands, reasonable attorney fees and costs of every kind and nature whatsoever which may arise from or in connection with my participation in this event. I agree to wear a helmet on the entire route and abide by traffic laws and basic safety rules established by the event. I also give full permission for use of my name and photograph in connection with this event.

Print Name: _____

Signature: _____

Print Parent Name if rider is under 18: _____

Parent Signature if rider is under 18: _____ Date: _____

AUTHORIZATION FOR MEDICAL CARE

This is to certify that I give permission to receive medical services while involved in the Pass It Along event. I understand that neither Pass It Along nor its sponsoring organizations will be responsible for medical expenses incurred by the above-named participant. I will be responsible for all medical expenses.

Policy Holder's Signature: _____ Date: _____

**Mail by 9/10 to: Pass it Along, 60 Blue Heron Rd, Suite 100, Sparta, NJ 07871 Attn: E. Young - Bike Tour Registration
OR Submit on Event Day at Rider Check In**

NOTE: Each rider must submit signed waiver and authorization for medical care in order to participate in this event.