

DOWN BY THE RIVER BIKE RIDE RELEASE AND INDEMNIFICATION AGREEMENT



Company

Louisiana Bucket Brigade

<https://labucketbrigade.org/our-work/down-by-the-river/>

Activity _____

Date of activity _____

Instructions

Please forward this link and have all members of your group sign this waiver.

For good and valuable consideration, including the opportunity to me by the Louisiana Bucket Brigade's Down by the River bike ride, LLC ("LABB") to ride a bicycle ("bike"), I do hereby unconditionally assume the entire responsibility and liability for all property damage (including, without limitation, damage to the bike or other property of LABB), personal injuries or death sustained, or alleged to have been sustained, by third parties in connection with, arising out of, or as a result of my acts, actions, activities, and/or omissions while riding or operating the bike (including, but not limited to, any violation of any statute, law, ordinance, or regulation applicable to my use of bike). In connection with the foregoing assumption of liability, I agree to indemnify, defend and hold LABB and its members, officers, agents, employees, guides, contractors, and other representatives (collectively the "LABB Indemnities") from any and all losses, claims, suits, causes of action, damages, fines, penalties, costs, liabilities, and expenses (including, but not limited to, reasonable attorney's fees and other costs and expenses of defending against any of the foregoing) arising, directly or indirectly, out of my acts, actions, activities, and/or omissions while riding or operating the bike.

Further, I do hereby waive, release, acquit, and forever discharge the LABB Indemnities from any and all losses, claims, suits, causes of action, etc., for property damages, personal injuries, or death sustained while riding or operating the bike, whether arising from my own acts, actions, activities, and/or omissions or those of others. My agreement to indemnify and my release of the LABB Indemnities as stated herein shall encompass all losses, claims, suits, causes of actions, etc., including but not limited to solicitor costs, and to reimburse the LABB for any expense whatsoever incurred in connection with any action brought as a result of my participation in this activity.

I acknowledge having received instruction and orientation with respect to the safe riding and operation of the bike, but understand that riding the bike will nonetheless expose me to various hazards and risks, including, among others, bumping, jarring, fatigue, risk of collision with pedestrians, vehicles, other riders, and/or fixed objects, the negligence of other riders, and dangers arising from irregular road and pavement surfaces, all of which present a risk of injury, including, without limitation, the risk that I could fall and, as a result of the fall,

suffer contusions, lacerations, sprains, fractures, and other, potentially more serious, injuries.

I hereby acknowledge that I have received a helmet and have been instructed by LABB to wear it at all times that I am riding the bike in order to reduce the potential risk of sustaining and/or the severity of such injuries. I expressly and voluntarily assume all risk of death or personal injury sustained while participating in this ride including but not limited to equipment malfunction from whatever cause, inadequate training, rescue attempts, or any other injury I may sustain. Explicitly, I have been offered a helmet and have been told that it was for my safety.

I accept that it is strongly recommended that I wear the safety equipment provided. If I decline to wear the helmet, I assume all liability of injury or death resulting from my refusal.

I agree that multiple parties are bound by this agreement. It is my understanding that this waiver be binding not only for myself, but for anyone or any entity, including my estate and my heirs, my next of kin, executors, administrators, and representatives that or who may be able to or does sue because of my injury or death. It is further my understanding and agreement that this release is intended and does in fact release LABB from any and all claims or obligations whatsoever arising in any way from my participation in this bike ride.

I agree that if any portions of this release are found to be unenforceable or against public policy, that only that portion shall fail, but I specifically waive any unenforceability or any public argument that I may make or that may be made on behalf of my estate by anyone who would sue because of my injury or death. I agree that any photographs or video taken of me on this bike ride remains the property of the LABB and may be used for marketing purposes. Though preventative measures are taken, LABB does not and cannot guarantee that I will not become infected with COVID-19 while on this bike ride.

I agree to a COVID-19 waiver of liability and I freely and voluntarily agree to assume the potential COVID-19 related risks that come from engaging in this activity. I realize that riding a bike and participating in LABB tour activities requires both physical exertion and mental focus. I represent and warrant to LABB that I am physically fit and capable of riding a bike and that I am not suffering from any physical or mental ailment or condition that would in any way inhibit my ability to ride a bike or which would in any way increase my risk of injury from riding a bike or the risk of injury to others.

I consent to emergency medical treatment in the event I suffer any injury or illness while participating in the tour. I understand and accept that any medical costs incurred with respect to such medical treatment will be my responsibility. By signing this waiver, I consent to be contacted by the Louisiana Bucket Brigade through email, phone, and direct mail. You can opt out at anytime by emailing info@labucketbrigade.org

Details of minor

First name _____

Last name _____

Date of birth _____

Contact details

First name _____

Last name _____

Email address _____

Date of birth _____

Phone number _____

Street _____

City _____

State or province _____

Postal code _____

Country _____

I would like to receive updates on promotions and events

Signature _____ Date of signature _____