Revolutionary Ride: A Bike Tour of Public Art in Chicago
Saturday, September 18, 2021, 10:00 a.m. - 1:00 p.m.

Waiver and Release
This form must be signed by each rider (and parent or guardian for riders under 18) before the rider begins the ride. No rider may participate without a completed and signed form.

I wish to participate in the Revolutionary Ride: A Bike Tour of Public Art in Chicago, beginning and ending at the Humboldt Park Boat House in Chicago and looping through the neighborhoods of Humboldt Park and Pilsen (the “Bike Tour”). In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators, and representatives, do hereby agree and will absolve and hold harmless the Newberry Library, West Town Bikes NFP, Biketropolis, their employees, agents, cooperating organizations, and any other parties connected with this event in anyway together with their respective successors and assigns (the “Sponsors”) singularly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience, or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Bike Tour.

I understand that there are risks inherent with bike riding on public streets and highways where many hazards exist. I also understand that there will be many cyclists, some of whom are inexperienced, creating further hazards. I am voluntarily participating in this event with knowledge of the all the hazards involved and accept all risks of injury, inconvenience, harm, loss, or death.

I am physically capable of participating in the event and the equipment I will use will be in proper working condition. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the event description and the rules of participation in the event and I will abide by all rules and regulations established by the Sponsors. I agree to wear a helmet, adhere to all other event rules and all traffic rules and laws, and conduct myself in a safe and prudent manner while participating in the event.

I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for all related costs.

I give the Newberry Library, West Town Bikes NFP, Biketropolis, and other cooperating organizations permission to use my (and any minor’s) name and any photograph, voice, or likeness of me during the event in any promotional materials or publications. I consent to and authorize in advance such use and waive my rights of privacy in connection therewith.

We advise you to keep any important medical information on your person, such as wearing a medical ID bracelet.
This is an important legal document. Read it carefully before signing below.

Please initial to the left of each statement.

_____ I have reviewed the event safety information and will follow the rules of the event and the directions of the Bike Marshalls.

_____ I will wear a helmet.

_____ I understand I will not be supported before 10:00 am or after the route is closed.

_____ If I the leave the route, I am technically off the ride for that day and on my own in regard to support and safety.

_____ I will not drink alcohol or take drugs that could impair my ability to ride safely.

I have read this waiver and release and understand its significance.

______________________________________________________________________________
Rider’s signature                                      Date
______________________________________________________________________________
Rider’s name (please print)                            Age
______________________________________________________________________________
Cell Phone (if applicable and will have during event)
______________________________________________________________________________
Emergency Contact

Name (please print)                                    Relationship
______________________________________________________________________________
Emergency contact’s phone number during event

Parent or legal guardian of participant under 18 years of age:
As a parent/guardian, I have read the waiver and release form above. I understand and agree to its waiver and release provisions regarding the minor participant, consent to the emergency medical treatment of the minor participant, and will be responsible for all costs incurred for the minor participant. I have discussed with the minor participant the requirements to observe all traffic laws, to wear a helmet, and adhere to all other event rules and to act in a safe and prudent manner. I concur with representations made by the minor participant about physical capabilities and working order of equipment and agree you may use his/her name and photograph. I understand that an adult must accompany all participants under the age of 18 at all times. I consent to the minor participant taking part in this event.

______________________________________________________________________________
Parent/legal guardian’s signature                      Date
______________________________________________________________________________
Name (please print)                                    Relationship