Tour de Cure American Diabetes Association

EMERGENCY INFORMATION FORM

EVENT CODE: _____

This information is maintained on file during the event in case an incident occurs requiring a participant to receive emergency medical treatment.

FIRST NAME | LAST NAME

EMERGENCY CONTACT NAME | TELEPHONE NUMBER

HEALTH INSURANCE PROVIDER, GROUP NAME | TELEPHONE NUMBER

ACKNOWLEDGEMENT

I acknowledge and assume all risks associated with this event including, without limitation, falls, animal bites, food poisoning, accidental needle sticks, effects of weather, including heat and humidity, traffic, road and ground conditions.

I have read and fully understand this waiver and in consideration of the acceptance of my entry, for myself and anyone legally acting on my behalf, I waive, release and indemnify (or hold harmless) the American Diabetes Association, Inc., its employees, directors, officers, volunteers, agents, successors and assigns, and all sponsors from any and all claims, liabilities or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage or any inconvenience whatsoever, arising from my participation in this event.

Further, I grant full permission to ADA to use photographs, videos and other types of recordings of me in advertising, trade or any commercial purpose in legitimate accounts and promotions of this event and for ADA to share my contact information with cycling-related sponsors. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the images.

I understand that for the Tour de Cure to be permitted by the local Departments of Transportation and applicable county and state jurisdictions, I must obey all applicable local and state traffic laws, rules, ordinances. Specifically, I must wear a helmet, follow the official route, ride in single file and stop at all stop signs, and otherwise comply with directions given by police officers, organizers and volunteers of the American Diabetes Association. (State bike law information available at www.diabetes.org/tour.) I understand that failure to do so means that I may not be allowed to continue the ride and I will be banned from future Tour de Cure events.

SIGNATURE | DATE

Parent or Guardian signature required if participant is under 18 years of age:

PARENT OR GUARDIAN NAME (PLEASE PRINT) | DATE

PARENT OR GUARDIAN SIGNATURE | DATE

RIDER NO. _____

ROUTE _____

LAST NAME _____

FIRST NAME _____