

## 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 AND WAIVER OF LIABILITY

I understand that the Tour de Cure is a recreational event and my participation is voluntary. I further understand that cycling is an inherently dangerous activity and the dangers associated with this event. I acknowledge and assume all risks, known and unknown, associated with this event and including any practice rides leading up to this event, (collectively the "event") including, without limitation but not limited to, falls, animal bites, food poisoning, accidental needle sticks, effects of weather, including heat and humidity, traffic, road and ground conditions, negligence (including my own), and any other inherently dangerous conditions associated with cycling.

**I have read and fully understand this waiver and in consideration of the acceptance of my entry and/or participation in the event, for myself and anyone legally acting on my behalf, I waive, release and indemnify (or hold harmless) to the fullest extent permitted by law the American Diabetes Association, Inc., its employees, directors, officers, volunteers, agents, successors and assigns, and all sponsors, including Spirit AeroSystems, Inc., its employees, directors, officers, volunteers, agents, successors and assigns, 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 grant full permission to Spirit AeroSystems, Inc. to photograph and videotape me for advertising and publicity purposes. 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](http://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:

RIDER NO.

ROUTE

LAST NAME

FIRST NAME

PARENT OR GUARDIAN NAME (PLEASE PRINT)

DATE

PARENT OR GUARDIAN SIGNATURE

DATE