

Bike Back: _____
Payment Type: _____
Amount: _____
In Zerve? _____



Date/Time: _____
Expected Return: _____
Lock/Cable: _____
Helmets: _____
Bike #: _____

Please read, sign below and return with deposit. You cannot participate in an Urban AdvenTours event without a signed Waiver, Release, and Consent.

I hereby release and discharge Urban AdvenTours, LLC, and any associated organization (including but not limited to school districts, municipalities, churches, clubs, restaurants, sponsors, volunteers, and any employee or associates thereof) their heirs, administrators, agents and employees, from any and all liability, causes of action, suits, debts, contracts, agreements, claims and demands whatsoever as a result of my participation in an Urban AdvenTours event.

I understand that accidents, fatalities, serious bodily injuries and/or property damage can occur while participating in an Urban AdvenTours event, while riding a bicycle on public roads or otherwise participating in said event. Knowing the risks involved, I agree to assume those risks and to release all of the persons or entities mentioned above from liability for any injury, death, illness or property damage occurring while participating in these events or in the travel to and from them. _____ Initials

I agree that I will use good judgment, be self-reliant and stop to request assistance if I am unsure of my ability to complete any segment of the event safely. In extreme situations I understand and agree not to wait for assistance exclusive to the support provided by Urban AdvenTours. In the event of any injury or accident, I agree to notify the tour leader, and consent to and permit emergency medical treatment. _____ Initials

I understand that if I leave before or after the tour starting time or travel a course different from the tour route as lead by the guide, I will not receive the services as published or advertised. I further agree to pay all fees associated with my participation in all or part of the event.

I attest that I am physically fit and have sufficiently prepared for the completion of the Urban AdvenTours event(s) for which I am registered.

I also agree to wear the ANSI, CPSC or SNELL approved bicycle helmet provided to me at all times when riding a bicycle during this event. I agree to have adequate medical insurance coverage for the duration of the entered Urban AdvenTours event(s).

I attest that I will abide by the rules and regulations of these events and all applicable state, local and municipal laws, including vehicle laws. I understand Urban AdvenTours, LLC reserves the right to remove participants unwilling to ride in a safe manner or displaying unacceptable behavior and to change or cancel events. (Full refunds will be given for events canceled by Urban AdvenTours.) I further understand that I will not be reimbursed for airline, hotel, or any other incidental fees due to change in itinerary or event cancellation or compensated for the theft of any personal gear, including bicycle. _____ Initials

I give permission to Urban AdvenTours LLC to use my first name and likeness in any photographs, motion pictures, recordings, evaluations or any other record of my participation in Urban AdvenTours event(s) for any promotional purposes, without obligation or liability to me.

I have read and understand the above information, all Urban AdvenTours policies, and I certify my compliance by my initials and signature. I agree that this complete Waiver, Release and Consent is binding on my heirs, proxies, representatives and assigns.

Signature: _____ Email: _____ Phone Number: _____

Name (print): _____

Date: ____/____/____

Minors: If you are under 18 years old, the following must be signed by your parent or guardian:

I, being the parent or legal guardian of the above entrant, who is under the age of eighteen (18) years, having read and understood this complete waiver, do hereby consent that the above mentioned entrant may participate in any Urban AdvenTours event. I do hereby adopt entirely the above-recited "Waiver, Release and Consent."

Signature: _____

Name (print): _____

Relationship to minor rider listed above _____

Date: ____/____/____

Office Only:

Credit Card: _____

Exp: ____/____

Zip Code: _____