

Bike Back? _____ By: _____
 Payment type: _____
 Amount: _____
 In Zerve: _____ By: _____
 In Spec. Sheet: _____ By: _____



URBAN ADVENTOURS
 BOSTON'S DOWNTOWN BIKE SHOP
 TOURS • RENTALS • SALES

Date/Time: ____/____/____ : ____
 Expected Return: _____
 Locks: _____ Cables: _____
 Helmets: _____
 Bike #s: _____
 Extras: _____

Please read, sign, complete all other fields legibly, and return with deposit. You cannot participate in an Urban AdvenTours event without a signed Waiver, Release, and Consent.

T 10 2 6 _____
 R H Rd Mtn Tan

I hereby release and discharge Urban AdvenTours, LLC ("UA"), 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 UA event. I agree to reimburse UA, at retail price set by UA, for any UA property of which I took possession, including but not limited to bicycles, locks, helmets, and water bottles, and of which UA does not regain possession, whether misplaced, lost, damaged, or stolen.

I understand that accidents, fatalities, serious bodily injuries and/or property damage can occur while participating in an UA 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 UA. In the event of any injury or accident, I agree to notify the tour leader, and consent to and permit emergency medical treatment.

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 understand that no refunds will be given if I cancel or change my participation in the event. Initials

I attest that I am physically fit and have sufficiently prepared for the completion of the UA event(s) for which I am registered. I understand that if I am uncomfortable with the pace, location, or content of the event I will alert the lead tour guide to this fact.

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 attest that I have adequate medical insurance coverage for the duration of the entered UA 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 UA reserves the right to remove participants unwilling to ride in a safe manner, unable to maintain reasonable riding pace, or displaying unacceptable behavior; and to change or cancel events. I understand that I will not receive a refund if I am unable or unwilling to complete the event for any reason and that I may be liable for pickup charges if I do not return all UA property to the event start location. 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 UA to use my first name and likeness in any photographs, motion pictures, recordings, evaluations or any other record of my participation in UA event(s) for any promotional purposes, without obligation or liability to me.

I have read and understand the above information, all UA 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: _____ **Name (print):** _____

Phone #: _____ **Date (mm/dd/yy):** ____/____/____

Email: _____

Minors: If anyone in your party is under 18 years old, the following must be signed by a parent or guardian:

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

Minor's Name(s): _____

Adult's relationship to minor(s): _____

Guardian's signature: _____

Date (mm/dd/yy): _____

Notes

Office Only
Credit Card: _____
Exp: ____/____ CVC: _____

Last Name: