Due Lock Helr Bike	/Time:/ : Back By:/ : ss: Cables: mets: #s:	Payment type: Amount: In FH:	By:	URBAN ADVENTOURS BOSTON'S DOWNTOWN BIKE SHOP TOURS • RENTALS • SALES
10 2 6 Pvt Hv Rd Mtn Tan Fat Elec	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.  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 a 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 of at the end of the event, whether misplaced, lost, damaged, or stolen.  I understand that accidents, fatalities, serious bodily injuries and/or property damage can occur while participating in a 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 that occurs 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.			
H &	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.  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 bicycles.  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. By providing my email address, I consent to receive marketing and other email communications from UA.  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			
Last Name:	Complete Waiver, Release and Consent is binding on my heirs, proxies, representatives and assigns.  Signature:			
La	Name on Card:  Exp:/ CVC:	Office Only		