



RIDER WAIVER FORM

All Riders Must Read and Sign This Form

As a participant in "3000 Miles for Babies," you must obey all laws of the State of Arizona which may apply to your activities during this event, especially traffic laws. All traffic signals, devices, and other traffic rules apply to you during this event. Unless instructed to the contrary by a law enforcement official, you must comply will all traffic regulations.

In consideration of my signing this agreement, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for injuries and damages I may have, including, but not limited to, the loss of my bicycle, helmet or any other personal items, against the Diamond Children's Medical Center, University Medical Center, and any and all sponsors, volunteers and their representatives, successors and assigns, for any and all injuries suffered by me as a result of taking part in this bicycling event and any related activities. I attest that I will participate in this event as a bicycling entrant; I will wear a CPSC/SNELL-approved bicycle helmet; I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I understand that aero-type and other similar auxiliary handlebars are prohibited in this event and that utilizing such bars may result in my disqualification. Furthermore, I am responsible for all my personal items including, but not limited to, cameras, cell phones, clothing, bicycles, etc.

Rider's Name (please print) _____

Rider's Signature _____ Date _____

Parent/Guardian _____ Date _____
(if rider is under 18)

Rider's Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-mail _____

Please Mail Completed Form to:

University Medical Center Foundation
655 E. River Rd
Tucson, AZ 85704

Or Fax to: (520) 694-4211