

Assumption of Risk and Waiver of Liability

I hereby acknowledge and record my independent and voluntary decision to participate in any and all events, programs, and rides (“Activities”) hosted by Cycling at Ross (“the Club”).

I understand that my participation in any and all Activities hosted by the Club may entail certain anticipated and unanticipated risks regarding personal injury (including death) and/or property damage.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries and/or property damage that I may incur coincident to my participation in these Activities.

I hereby assume any and all risks associated with participating in these Activities and expressly waive, release, discharge, and hold harmless, the Club, their directors, officers, volunteers, representatives, event sponsors, and all components of the University of Michigan (the “Released Parties”) from and against any and all liability for loss, damage, injury, illness, or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in these Activities.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during these Activities and acknowledge understanding that I am responsible for any charges or financial obligations arising from such treatment.

I understand that participation in these Activities includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, and death does exist; I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties. I hereby knowingly assume the risk of injury, harm and loss associated with these Activities, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

I further acknowledge and affirm that as a participant in these Activities, I am not an employee of the University of Michigan, its servants, agents, employees, and assigns. I am not entitled to any benefits of the employees of any of the aforementioned, including, but not limited to coverage by The Worker’s Compensation Act.

By signing this waiver form, I acknowledge that I have read and understand the above statements.

Name (printed): _____

Signature: _____

Date: _____

Emergency contact name: _____

Emergency contact relationship: _____

Emergency contact phone number: _____