

# \_\_\_\_\_

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## Svitak Freedom Ride Waiver

**PLEASE READ CAREFULLY.**

In consideration of the acceptance of this application, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the sponsors, directors, officials, employees, and volunteers from any kind of illness or damages suffered by me as a result of my participation in, or traveling to or from, the Svitak Freedom Ride.

I know and understand that bicycling is potentially hazardous. I should not enter the Svitak Freedom Ride unless I am medically able and properly trained. I assume all risks associated with riding in the Svitak Freedom Ride including, but not limited to, falls, contact with other participants, the effect of weather, traffic and conditions of the roads and all such risks being known and appreciated by me. I realize that bicycling is a strenuous activity which requires proper physical conditioning. I do hereby certify that I am in such physical condition and in good health. I agree to wear all appropriate equipment, including a helmet, at all times while riding in the Svitak Freedom Ride.

I understand this waiver includes children in my party being pulled or riding in a bike seat.

**ADULT RIDER SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUTH – UNDER 18 YRS: (Youth under 18 MUST be accompanied by a parent or legal guardian. Adult accompanying child must sign above.)**

Youth First Name (print): \_\_\_\_\_

Youth Last Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Number of children in bike seats, buggies or carts riding free.# \_\_\_\_\_

**A SIGNATURE IS REQUIRED ON THIS FORM.**

**Svitak Freedom Ride**

c/o Roseann Svitak  
P.O. Box 34  
Diamond, MO 64840