

*ECHN Community HealthCare Foundation, Inc.*  
*ECHN Bike Connect*  
*May 23, 2010*

**Wristband #** \_\_\_\_\_

## **Release and Waiver of Liability Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Allergies \_\_\_\_\_

List any medication you are currently taking: \_\_\_\_\_

Any other known medical problems or medications. \_\_\_\_\_

I wish to participate in the ECHN Bike Connect (the "Event") sponsored by ECHN Community HealthCare Foundation, Inc. (the "Foundation").

In consideration of such participation, I, being 17 years of age or older, for myself and my heirs and personal representatives, do hereby release, forever discharge and agree to indemnify and hold harmless the Foundation and Eastern Connecticut Health Network, Inc. ("ECHN"), their affiliates and related parties, and their respective successors, officers, directors, members, partners, shareholders, employees and agents, from and against any and all damages, expenses, liabilities, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever (including, without limitation, attorneys fees and expenses), which may be incurred or suffered by the undersigned and which occur during my participation in or attendance at the above-described Event.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of my participation in any educational, recreational or other activities undertaken therein at any location and at any time during said Event.

The undersigned further hereby agrees to hold harmless and indemnify the Foundation and ECHN, their affiliates and related parties, and their respective successors, officers, directors, members, partners, shareholders, employees and agents, from and against any and all damages, expenses, liabilities, claims or demands of any nature whatsoever (including, without limitation, attorneys fees and expenses) sustained by any of them as the result of my negligent, willful or intentional acts, including any expenses incurred attendant thereto, at any location and at any time during the Event.

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

Parent/legal guardian signature (if age 16 or under)



\_\_\_\_\_