



Participant's Name: _____

Release of all claims: I understand that the Freedom Ride for Health Bike Ride in support of the Belleville General Hospital Foundation (BGHF) is physically challenging and could be hazardous for even well-conditioned and prepared athletes under favorable conditions. I acknowledge and understand that participation in the event involves risks to my health and safety, including permanent injury or death, and I voluntarily assume those risks. I understand and acknowledge that the Freedom Ride for Health Bike Ride organizers, Belleville General Hospital Foundation and Quinte Health Care are not responsible for assessing my ability to participate in the event and I have made such inquiries as are reasonably necessary concerning this event to be able to declare that I am healthy and fit for this event. I understand that this event does not provide participants accident, disability or other insurance and that I am solely responsible for providing such coverage as I deem necessary or prudent.

In consideration for being permitted to participate in the event, I hereby for myself and for my personal representatives and successors, release and forever discharge Belleville General Hospital Foundation and Quinte Health Care together with the officers, directors, employees, representatives, agents, sponsors and volunteers, from any and all actions, causes of action, claims, demands or compensation of any kind, whether presently known or unknown, and whether as a result of negligence or any other cause, arising out of or in connection with my participation in this event. By participation in the Freedom Ride for Health Bike Ride in support of the Belleville General Hospital Foundation: I grant permission to the BGH Foundation to photograph and videotape me in the course of my participation in the event, and use my name and any photographs and videotapes of me for foundation purposes. If the participant(s) are under 18 years of age a parent/guardian must accept this agreement on the participant's behalf.

Signature _____ Date _____