



WAIVER FORM

Autumn Escape Bike Trek

I, the undersigned, agree as follows:

1. I understand fully that, as part of the Autumn Escape Bicycle Trek, an expedition will be undertaken, the nature and extent of which has been fully explained to me.
2. I acknowledge that the Trek will require strenuous physical activity and endurance.
3. I certify that, to the best of my knowledge, I have no physical condition which will be aggravated by the activity and endurance anticipated or which will impair my ability to participate in and withstand said activity and endurance.
4. I have neither suffered any illness, nor taken any prescription medicine within the past thirty days, except as otherwise written on the Medical History form.
5. I understand there is NO SMOKING during the Bike Trek.
6. I agree to indemnify and hold free each of the American Lung Associations of Massachusetts, all Autumn Escape Bike Trek sponsors, their agents and employees, individually and collectively, against any loss, cost, damage or expense of any kind arising out of or connected with participation in the Bicycle Trek.
7. I understand that I must conduct myself in a safe and responsible manner during the Bicycle Trek, for my personal safety as well as the safety of others. This includes, but is not limited to, obeying all traffic laws and observing common courtesy. I understand that I may be asked to leave the Trek entirely if my conduct is judged to be detrimental to the welfare of others.
8. I consent to use by the American Lung Association of Massachusetts or any one they authorize, for the purpose of publicity of themselves and their activities, of my likeness from participating in this event, without obligation or liability to me.

Trekker Signature: _____ Date: _____

*Parent/Guardian Signature: _____ Date: _____

*If participant is under 18 years of age.

Mail this form to:
Sue Binnall
c/o Team Alpha-1 Escape to the Cape
256 River St.
W. Newton, MA 02465