



**Tour De Lis Ride Individual Liability Waiver Form
Fontainebleau State Park; 62883 LA -1089;
Mandeville, LA 70448
March 23, 2024**

All riders are required to bring this form to the bike ride and submit to the bike ride organizer.

All bike riders acknowledge that a helmet is mandatory for this activity and will wear one as a condition of participation.

IN CONSIDERATION FOR permission granted me by the Cancer Association of Greater New Orleans and/or the Dixie Brewery to participate in this activity or event, I agree to the following terms for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, lack of hydration, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, event monitors, and/or producers of the event. These risks are not only inherent to participants, but are also present for volunteers.

I RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE, the Cancer Association of Greater New Orleans and/or Fontainebleau State Park, including their directors, officers, employees, volunteers, representatives, and agents, and the activity or event holders, sponsors and volunteers, from all damages, claims and causes of action arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or any other damages, claims and causes or action arising out of my participation in the activity or event, including but not limited to my traveling to and from the activity or event AND PROMISE NOT TO SUE THE DESCRIBED RELEASEES regarding the matters described in this paragraph.

I hereby consent to receive appropriate medical treatment in the event of injury, accident, and/or illness during this activity or event. Any costs incurred for such treatment will be my sole responsibility and I will not seek reimbursement from the Cancer Association of Greater New Orleans or Fontainebleau State Park any of their directors, officers, employees, volunteers, representatives and agents, or the activity or event holders, sponsors, or volunteers.

I understand I may be photographed at this event or activity. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and their assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name Address:

Emergency Contact:

Signature Date Phone:

Phone:

PARENT / GUARDIAN WAIVER FOR MINORS (if under 18 years old, parent or guardian must also sign)
The undersigned parent and natural guardian does hereby represent that he/she is in fact acting in such capacity, has consented to his/her child's or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward to the terms of the Accident Waiver and Release of Liability set forth above. On behalf of the child or ward, the undersigned parent or guardian further agrees not to sue and to save and hold harmless and indemnify each and all of the parties referred to above according to the terms and conditions set forth above.

Print Participant's Name Signature of Parent or Guardian Date