Saturday
April 4, 2020
3.8 Mile Guided Community Bike Ride

CARLISLE, PENNSYLVANIA

NORTHSIDE RIDE
COMMUNITY BIKE EVENT

FREE Helmet, Light & Lock For All Participants
ALL WHEELS WELCOME (Skate/Scoot/Blade)

Meet at New Life Community Church  |  64 E. North Street  |  Carlisle, PA
End at Hope Station  |  149 W. Penn Street  |  Carlisle, PA

Visit YWCA, Project SHARE, Hope Station and other local landmarks
Learn safe biking skills at each site

Ages 18+ need to sign waiver
Ages 14-17 need waiver signed by parent/guardian BUT can ride alone
Ages <14 need waiver signed by parent/guardian AND an adult to ride with them

Rain Date: April 18, 2020 - Cancellation Announced via Facebook Event

Bringing together community members of all ages to explore our neighborhood on safely (on wheels).

Carlisle Tool Library
Carlisle West Side Neighbors
Cole’s Bicycles
Hope Station
Lifecycle Carlisle
New Life Community Church
Project SHARE
Recycle Bicycle Harrisburg
YWCA Carlisle

Funding Support Provided by:
UPMC Pinnacle
Raven’s Claw Honor Society
Dickinson
Details:
April 4, 2020
3.8 mile ride, total distance
Fire Police Escorts

START:
New Life Community Church
64 E. North Street
Ride Departs at 10:15 am

END:
Hope Station
149 W. Penn Street
Estimated 12:00-12:15 pm

SAFETY CONTACT:
Lindsey Lyons
717.414.3552
ASSUMPTION OF RISKS, RELEASE & INDEMNIFICATION

Northside Ride | Carlisle, PA | April 4, 2020
Sponsored by Dickinson College
Co-sponsors: Hope Station, YWCA of Carlisle, Project SHARE, New Life Community Church, LifeCycle, Carlisle Tool Library, Cole's Bicycle & Recycle Bicycle Harrisburg (collectively “Sponsors”)

1. I acknowledge that I have had the opportunity to fully inform myself about the Northside Ride and related activities (“Event”), that participation in the Event is purely voluntary and is not required as a part of any course of study or by any employment or association with any of the Sponsors. All non-motorized forms of transportation are able to ride in the Event.

2. I acknowledge that the Event carries a risk of physical injury or death. I understand and agree that the Sponsors, any and all of their employees and agents, and any organizers, or hosts of the Event or associated with the Event have not made and cannot make promises or guarantees with regard to the health and safety risks that any participant may incur.

3. I agree to become familiar with and to abide by all rules and regulations imposed for the Event. I also agree to exhibit appropriate behavior at all times, to demonstrate respect for all people, equipment, and facilities, and to participate with a cooperative and positive attitude.

4. I understand and agree that participants in the Event are required to arrange for their own health, accident and liability insurance.

5. Employees and/or agents of the Sponsors, at their sole discretion, will secure such first aid, medical advice or treatment and/or related services as deemed necessary for the health my health and safety, and I agree to accept full financial responsibility for such advice or services.

6. I understand and agree that any photographs, video recordings, of me during the Event may be freely used in connection with any marketing, publicity, or promotional activities and that I will not be entitled to any compensation for any such use.

7. RELEASE AND INDEMNIFICATION. FOR MYSELF AND ALL THOSE WHO MAY CLAIM THROUGH ME OR IN MY PLACE, I HEREBY WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE AND I AGREE TO HOLD HARMLESS AND INDEMNIFY THE SPONSORS, THEIR OFFICERS, AGENTS, AFFILIATES AND EMPLOYEES, AND ANY SPONSORS, ORGANIZERS, OR HOSTS OF THE EVENT FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, NEGLIGENCE, CLAIMS OR DEMANDS OF ANY NATURE WHATSOEVER THAT MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN THE EVENT.

8. I hereby expressly, knowingly, voluntarily, and freely assume all of the risks of injury or death that could occur as a result of my participation in the Event, even if arising from the negligence or act or omission of the Sponsors or any entity or person released in the foregoing paragraph.

9. I also agree that this waiver shall be governed by Pennsylvania substantive law and that any litigation related to the enforceability of this waiver will be brought in the State of Pennsylvania.
RULES OF THE RIDE

**Adults over 18+:** Require a signed waiver
**Minors ages 14-17:** Require signed waiver with parent/guardian consent AND may ride alone.
**Minors 13 and under:** Require signed waiver with parent/guardian consent AND must be accompanied by an adult over age 18 on the ride AND be supervised at all times.

**OVER 18: PARTICIPANTS 18 YEARS OF AGE OR OLDER MUST READ AND SIGN:**
I acknowledge that I have read paragraphs 1-9 above, that I understand them, that I am knowingly and voluntarily sign this Assumption of Risks, Release, and Indemnification, and accept and agree its terms.

Date: ___________ Signed: ____________________________________________

Print Name: _______________________________________________________________________

Emergency Contact: Name ____________________________ Phone: ______________________

**UNDER 18: PARENT OR GUARDIAN OF PARTICIPANT/S MUST READ AND SIGN:**
I, the parent and/or Legal Guardian of the minor(s) identified below acknowledge that I have read paragraphs 1-9 above and understand them, and that I, for myself and for the minors listed below, knowingly and voluntarily sign this Assumption of Risks, Release, and Indemnification and accept and agree to its terms.

Date: ___________ Signed (Parent or Guardian): _________________________________________

Print Name (Parent or Guardian): _______________________________________________________________________

Minor 1 Name: ____________________________________________________________________________

Minor 1 Age: __________ Accompanied by (Name): _____________________________________________

Minor 2 Name: ____________________________________________________________________________

Minor 2 Age: __________ Accompanied by (Name): _____________________________________________

Emergency Contact: Name ____________________________ Phone: ______________________