**LEAGUE OF AMERICAN BICYCLISTS**  
**REQUEST FOR CERTIFICATE OF INSURANCE**

*(this form is only utilized when it is a requirement of the Third Party)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td><strong>NAME OF CLUB:</strong></td>
<td>[Enter Name]</td>
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<tr>
<td><strong>DATE OF REQUEST:</strong></td>
<td>[Enter Date]</td>
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<tr>
<td><strong>DATE CERTIFICATE NEEDED BY:</strong></td>
<td>[Enter Date]</td>
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<tr>
<td><strong>NAME OF PERSON COMPLETING FORM:</strong></td>
<td>[Enter Name]</td>
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<tr>
<td><strong>PHONE:</strong></td>
<td>[Enter Phone Number]</td>
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<td><strong>FAX:</strong></td>
<td>[Enter Fax Number]</td>
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<tr>
<td><strong>EMAIL ADDRESS:</strong></td>
<td>[Enter Email Address]</td>
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1. **SPECIAL EVENT**
   - **NAME OF EVENT:** [Enter Name]
   - **DATE(S) OF EVENT:** [Enter Date(s)]
   - **SITE OR LOCATION OF EVENT:** [Enter Location]

2. **CLUB ACTIVITY**
   - **TYPE OF ACTIVITY:** [Enter Type]
   - **DATE(S) OF ACTIVITY:** [Enter Date(s)]

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<tr>
<td><strong>CERTIFICATE HOLDER:</strong></td>
<td>[Enter Name]</td>
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<tr>
<td><strong>CERTIFICATE HOLDER ADDRESS:</strong></td>
<td>[Enter Address]</td>
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<tr>
<td><strong>CERTIFICATE HOLDER PHONE:</strong></td>
<td>[Enter Phone Number]</td>
</tr>
<tr>
<td><strong>FAX:</strong></td>
<td>[Enter Fax Number]</td>
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<tr>
<td><strong>CONTACT PERSON:</strong></td>
<td>[Enter Name]</td>
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<tr>
<td><strong>EMAIL ADDRESS:</strong></td>
<td>[Enter Email Address]</td>
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**DOES THE CERTIFICATE HOLDER REQUIRE ADDITIONAL INSURED* STATUS?**  
☐ YES  ☐ NO

*Additional Insured should only be checked if it is a requirement of the Certificate Holder.

If yes, please specify Additional Insured wording: [Enter wording]

If the Certificate Holder requires Additional Insured status, please outline the role the Additional Insured is playing in the activity (i.e. landowner, municipality, corporate sponsor, etc.): [Enter role]

Have you entered into any agreement, contract or permit that contains Assumption of Liability, Indemnification or Hold Harmless language?  ☐ Yes  ☐ No  *(If “yes,” please forward a copy of the document with this request.)*

**ORIGINAL CERTIFICATE SHOULD BE SENT TO:**  
☐ Certificate Holder  ☐ Club

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**PLEASE FORWARD COMPLETED REQUEST TO:**  
AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.  
7609 W. JEFFERSON BLVD., SUITE 100  
FORT WAYNE, INDIANA 46804-4133  
ATTN: RENE WATERSO  
FAX: 260.969.4729  
EMAIL: RWATERSO@AMERICANSPECIALTY.COM
1. Name of League Cycling Instructor (LCI): ________________________________
   Address of LCI: ______________________________________________________

2. League Cycling Instructor (LCI) # _____________________________________

3. Date of Request: ______________________________________________________

4. Person completing this form: __________________________________________
   Email address: ________________________________________________________

5. Phone No.: (___) _______________ Fax: (___) _____________________________

6. Certificateholder: _____________________________________________________

7. Contact Person: _______________________________________________________

8. Certificateholder Address: _____________________________________________
   Email address: _______________________________________________________

9. Certificateholder Phone No.: (___) _______________ Fax: (___) ___________________________

10. Name of Event: ______________________________________________________

11. Date(s): ____________________________________________________________

(ADDITIONAL INSURED SHOULD ONLY BE REQUESTED IF IT IS A REQUIREMENT OF THE CERTIFICATEHOLDER)

12. Have you entered into any agreement, contract, or permit that contains assumption of liability, indemnification, or hold harmless language? ☐ Yes ☐ No
   If yes, please forward a copy of the document with this certificate request form.

13. Does the Certificateholder require Additional Insured status? ☐ Yes ☐ No

14. If requesting Additional Insured status, please indicate the role of the Additional Insured: ☐ Owner of Premises ☐ Sponsor ☐ Other (please specify): ________________________________

PLEASE FORWARD COMPLETED FORM TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 100
FORT WAYNE, INDIANA 46804-4133
ATTN: RENE WATERSON
FAX: 260.969.4729
EMAIL: RWATERSON@AMERICANSPECIALTY.COM
NAME OF CLUB:__________________________________________________________

NAME OF EVENT:________________________________________________________

DATE OF EVENT:________________________________________________________

ACTUAL NUMBER OF PARTICIPANTS:____________

For the 1st 1,000 participants ($5.18 per participant) ___________ x $5.18 = $ ___________

For the 2nd 1,000 participants ($4.07 per participant) ___________ x $4.07 = $ ___________

Participants in excess of 2,000 ($3.06 per participant) ___________ x $3.06 = $ ___________

TOTAL PREMIUM DUE: $ ___________

(All events have a minimum premium of $266.00)

________________________________________________________

PLEASE MAIL AND MAKE CHECK PAYABLE TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 100
FORT WAYNE, INDIANA 46804-4133

________________________________________________________
Signature of Club Representative Date

________________________________________________________
Phone Number

If you have any questions, please contact American Specialty at 800.245.2744.

AMERICAN SPECIALTY®
Insuring America’s Pastimes and Future Times®
Date of Incident: __________________ Time of Incident: _________ AM / PM

If injured person is a League member, identify:
League Club Name: __________________________
Club Address: _____________________________

Injured Person: ☐ Club Member ☐ Non-Member ☐ Participant
☐ Volunteer ☐ Pedestrian ☐ Other __________________________

Was the injured person wearing a helmet at the time of the accident? ☐ Yes ☐ No

Was the injured person riding: ☐ Tandem Bike ☐ Single Bike

### INJURED PERSON INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Mid.</th>
<th>Telephone Number ( )</th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
</table>

Address: __________________________
City: __________________________
Age: _______ D.O.B.: _______ ☐ Male ☐ Female
Social Security Number (optional): __________________________
Employer Name: __________________________
Employer Address: __________________________

### GUARDIAN/PARENT (if injured person is a minor)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Mid.</th>
<th>Telephone Number ( )</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Address: __________________________

### SUSPECTED PRE-EXISTING CONDITION: ☐ Yes ☐ No

### INCIDENT LOCATION

| ☐ Off Road | ☐ City Street |
| ☐ Parking Lot | ☐ Highway |
| ☐ Registration Area | ☐ Rural Road |
| ☐ Restrooms/Locker Rooms | ☐ Off Property |
| ☐ Premises/Grounds | ☐ Rest Stop |

### RIDER ACTIVITY

| ☐ Turning right | ☐ Passing |
| ☐ Turning left | ☐ Intersection |
| ☐ Being passed | ☐ Straight |

### CLASSIFICATION

| ☐ Minor injury or illness | ☐ Non-injury |
| ☐ Serious injury or illness |

### PRIMARY INJURY

| ☐ Allergy | ☐ Dislocation | ☐ Nausea |
| ☐ Amputation | ☐ Electrical Shock | ☐ Stroke |
| ☐ Abrasion | ☐ Foreign Body | ☐ Burn |
| ☐ Laceration | ☐ Fracture | ☐ Death |
| ☐ Drowning | ☐ Heat Exhaustion | ☐ Pain |
| ☐ Hypertension | ☐ Sting/bite | ☐ Illness |
| ☐ Cold Injury | ☐ Contusion | ☐ Cardiac |
| ☐ Seizures | ☐ Concussion |
| ☐ Strain/Sprain | ☐ Tooth/Mouth |

### BODY PARTY INJURED

| ☐ Eye (L/R) | ☐ Torso |
| ☐ Nose | ☐ Back |
| ☐ Neck | ☐ Face |
| ☐ Ear (L/R) | ☐ Leg (L/R) |
| ☐ Knee (L/R) | ☐ Ankle (L/R) |
| ☐ Internal | ☐ Hip (L/R) |
| ☐ Shoulder (L/R) | ☐ Foot (L/R) |
| ☐ Elbow (L/R) | ☐ Hand (L/R) |
| ☐ Wrist (L/R) | ☐ Finger or Toe |

### WEATHER CONDITIONS

| ☐ Sunny | ☐ Foggy |
| ☐ Cloudy | ☐ Snowing |

### ROAD CONDITIONS

| ☐ Wet | ☐ Dry |
| ☐ Icy |

### ROAD TYPE

| ☐ Paved | ☐ Dirt |
| ☐ Gravel |

### DISPOSITION

| ☐ Released to parent | ☐ Police |
| ☐ Refusal of care | ☐ Ambulance |
| ☐ Refer to doctor | ☐ Report Only |
| ☐ Medical attention | ☐ EMS transport |
| ☐ Continued riding | ☐ Patient requested EMS transport |
| ☐ Released to personal vehicle | ☐ Refer to hospital/clinic |

### DESCRIBE HOW THE INCIDENT OCCURRED:

**WITNESS INFORMATION**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>( )</td>
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<tr>
<td>2.</td>
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Signature of Ride Leader or Official **(with no relationship to claimant)** __________________________

Date __________________ Phone Number __________________ Email __________________

Please provide the name/email address of the individual that will be responsible for verifying claim information in the event of an incident (if different from above).

NAME __________________ EMAIL: __________________
INCIDENT REPORT FORM
FOR AUTO ACCIDENT AND PROPERTY DAMAGE

IF THE INJURY OR PROPERTY DAMAGE WAS THE RESULT OF AN AUTO ACCIDENT, PLEASE COMPLETE THIS SECTION:

PERSON DRIVING THE AUTO: ____________________________  □ Injured  □ Not injured
Address: ____________________________________________

OWNER OF THE AUTO: __________________________________
Address: ____________________________________________

MAKE/MODEL/YEAR OF AUTO: ____________________________

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN THE AUTO:
Name: _______________________________________________  □ Injured  □ Not injured
Address: ____________________________________________

Name: _______________________________________________  □ Injured  □ Not injured
Address: ____________________________________________

NOTE: PLEASE USE THE REVERSE SIDE OF THIS FORM TO PROVIDE INJURY INFORMATION. A LIST OF ALL PASSENGERS AND INJURY INFORMATION FOR ALL INJURED PERSONS SHOULD BE PROVIDED; PLEASE USE ADDITIONAL INCIDENT REPORT FORMS OR SEPARATE SHEETS OF PAPER, IF NECESSARY.

PURPOSE OF TRIP: ______________________________________

NAME OF POLICE DEPARTMENT WHICH INVESTIGATED THE ACCIDENT: ____________________________

IF THE ACCIDENT INVOLVED A COLLISION WITH ANOTHER AUTOMOBILE, PLEASE COMPLETE THIS SECTION:

PERSON DRIVING OTHER AUTO: ____________________________  □ Injured  □ Not-injured
Address: ____________________________________________

OWNER OF OTHER AUTO: __________________________________
Address: ____________________________________________

MAKE/MODEL/YEAR OF OTHER AUTO: ____________________________

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN OTHER AUTO:
Name: _______________________________________________  □ Injured  □ Not injured
Address: ____________________________________________

Name: _______________________________________________  □ Injured  □ Not injured
Address: ____________________________________________

(Attach separate sheet of paper, if necessary.)

IF THE ACCIDENT INVOLVED PROPERTY DAMAGE (OTHER THAN AUTOMOBILES), PLEASE COMPLETE THIS SECTION:

If property was damaged, please supply a description of the property and list the owner. (If an auto accident, see above sections.)

Description of property: ____________________________________________

Description of damage: ____________________________________________

Owner’s name and address: ____________________________________________

Owner’s telephone number: (_______)______________ (day) (_______)______________ (evening)
INCIDENT REPORTING INSTRUCTIONS

Whenever an Accident Occurs:

An Incident Report form must be completed immediately after an accident occurs and mailed or faxed to American Specialty Insurance & Risk Services, Inc. as indicated below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to initially answer all questions, it is important that the form be completed as fully as possible at the time of the accident. Do not delay sending in the report form; an incomplete form is better than none at all. Be certain to include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions or need assistance regarding the completion of the Incident Report form, please call American Specialty at 1-800-566-7941.

Mail or fax the completed Incident Report to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. Jefferson Boulevard
Suite 150
Fort Wayne, Indiana 46804-4133
Fax: 260.969.4729

IN ADDITION, IN CASE OF SERIOUS INJURY TO A PARTICIPANT OR A SPECTATOR, it is important that you immediately notify American Specialty by calling 1-800-566-7941 (if after standard business hours, simply follow the automated instructions for emergency claims reporting). This hotline is active 24 hours a day, 365 days a year.
AMERICAN SPECIALTY
EMERGENCY CLAIMS SERVICE
1-800-566-7941
(24 HOURS/7 DAYS A WEEK)
FOR ALL CLAIMS EMERGENCIES

Please IMMEDIATELY report by PHONE all incidents that result in serious injury or death.

Please complete an Incident Report form for ANY incident resulting in death, serious injury and/or bodily injury, automobile damage, or property damage, and forward the completed form by fax or by mail to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 150
FORT WAYNE, INDIANA 46804-4133
FAX: 260.969.4729
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
("AGREEMENT") FOR
LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")

(this form is for multiple Club Adult Participants only)

IN CONSIDERATION of being permitted to participate in any way in _____________________________ (Name of LAB Club) ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

<table>
<thead>
<tr>
<th>PARTICIPANT'S SIGNATURE</th>
<th>PRINTED NAME</th>
<th>DATE</th>
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<tbody>
<tr>
<td>I HAVE READ THIS RELEASE</td>
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SIGNATURE & TITLE OF WITNESS ADDRESS
IN CONSIDERATION of being permitted to participate in any way in __________________________ (enter name of LAB Club) ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. And, I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT’S NAME (PRINTED):
______________________________________________________________

PARTICIPANT’S SIGNATURE (only if age 18 or over):
______________________________________________________________
I HAVE READ THIS RELEASE

ADDRESS:
(Street) ___________ (City) ___________ (State) ___________ (Zip) ___________

PHONE: (________ ) __________________________ DATE: __________________________

MINOR RELEASE
(complete for Participants Under the Age of 18)

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE the Club, the LAB, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

MINOR’S NAME (PRINTED):
______________________________________________________________

SIGNATURE OF MINOR PARTICIPANT:
______________________________________________________________
I HAVE READ THIS RELEASE

PARENT/GUARDIAN NAME (PRINTED):
______________________________________________________________

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):
______________________________________________________________
I HAVE READ THIS RELEASE

ADDRESS:
(Street) ___________ (City) ___________ (State) ___________ (Zip) ___________

PHONE: (________ ) __________________________ DATE: __________________________

LAB MINOR W&R