

VALLEY PREFERRED CYCLING CENTER RIDING WAIVER

PARTICIPANT'S ENTRY BLANK AND RELEASE FORM NOTICE: THIS ENTRY BLANK AND RELEASE FORM IS A CONTRACT WITH LEGAL CONSEQUENCES. PLEASE READ IT CAREFULLY BEFORE SIGNING.

By signing this document, and in consideration of the acceptance of my application for entry in this Friday Night, Super Tuesday, Ocean Spray Saturdays at TTown racing events; any Community Program(s) or training session(s), I hereby freely agree to make the following contractual representations and agreements to the benefit of the Valley Preferred Cycling Center (VPCC), its management, The Velodrome Fund, Inc., Lehigh County, all sponsors, coaches, and any involved municipalities or other public entities and their respective agents, directors and employees.

I fully realize the dangers of participating in a bicycle race or other bicycle riding activity and fully assume the risks associated with such participation including, by way of example, and not limitation, the following: the dangers of collision with other racers and fixed objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with athletic cycling competition.

I further agree to release and hold harmless all those persons or entities mentioned above whom through negligence, carelessness or other acts of omission or commission might be liable to me, or my heirs or assigns for damages.

I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest (hereinafter collectively "successors") any and all rights and claims including but not limited to all claims for damages for death, personal injury and property damage which I may have, or which may hereafter accrue to me as a result of my participation in said Program. This release is intended to discharge in advance all those parties or entities mentioned above from and against any and all liability arising out of or connected in any way with my participation in any said events, even though liability may arise out of negligence, carelessness, requirements, on the part of the persons or entities mentioned above. I further agree to release and hold harmless all those persons and entities mentioned above whom through negligence, carelessness or other acts of omission or commission might be liable to me, or my heirs or assigns for damages.

I understand and agree that situations may arise during races which may be beyond the immediate control of the organizers, and I must continually ride so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my competition equipment. I will compete wearing a helmet that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet. I have no physical or medical condition which to my knowledge, would endanger myself or others if I participate in this Program.

I agree, for myself and successors, that the representations above are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees)



incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton misconduct. This agreement may not be

modified orally, and a waiver of any other provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification.

I hereby grant to the Valley Preferred Cycling Center, Velodrome Fund, and Lehigh County, all exhibition rights in my participation in the Program, including, without limitation, television, radio, film, print, and other exhibition rights, together with the right to use such rights as the Valley Preferred Cycling Center, Velodrome Fund and Lehigh County see fit in perpetuity. My signature below confirms that I have accepted all of the foregoing terms and conditions in consideration of my acceptance as a competitor in this event. If I am under 18 years of age upon the date of signing this Entry Form, I have obtained the signature of my parent or guardian to constitute such acceptance on my behalf. I certify that the information given below is correct.

CODE OF CONDUCT POLICY

By signing above I agree that I must respect the property of others. No form of discrimination or harassment; verbal, physical or sexual, will be tolerated. I agree that I must show respect to my fellow cyclists, coaches, spectators, and staff, including volunteers, race officials and medical personnel. I further agree to follow and uphold the published rules of the Velodrome. Any violation of this policy will result in the loss of racing and training privileges here at the Valley Preferred Cycling Center.

Name (print):		
Signature:		
Address:		
City:	State:	Zip:
Phone Number:		
E-mail address:		
PARENT OR GUARDIAN OF A MINOR:		
I, as parent or guardian of the above named minor, agree, individually and on behalf of my child or wa		
Name of Parent/Guardian (print)		
Signature of Parent/Guardian		
Date		



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Valley Preferred Cycling Center ("VPCC") has put in place preventative measures to reduce the spread of COVID-19; however, VPCC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the VPCC could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the VPCC and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the VPCC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, VPCC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the VPCC or participation in VPCC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the VPCC, the County of Lehigh, the Board of Directors of The Velodrome Fund, Inc., and their respective, employees, agents, officers, officials, directors and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the VPCC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any VPCC program.

Name (print):		
Signature:		
Address:		
City:	State:	Zip:
Phone Number:		



E-mail address:

PARENT OR GUARDIAN OF A MINOR:

I, as parent or guardian of the above named minor, hereby give my permission and further agree, individually and on behalf of my child or ward, to the terms of the above.

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

To be completed by Event Organizer			Bib #
Event/Series Name	Event/Series Date(s)		Permit
USA Cycling Assumption of	f Risk, Release of Liability, Covenant Not to Sue an	d Indemnity	/ Agreement
vent, including travel to and from an event (conyself, my spouse, children, guardians, heirs and	ing me to participate in any USAC sanctioned event, and all actively an "Event"), whether as a rider, official, coach, mechanid next of kin, and any legal and personal representatives, executor	c, volunteer, s	spectator, or otherwise, I, for
edestrians, vehicles, other participants, animals ailure; inadequate safety equipment; use of equi isease (including communicable disease); and nd mental limits and may involve the risk of se egligence, and also from the actions, inactions	ling and/or participation in an Event, involve inherent risks s, and fixed or moving objects; imperfect course conditions; surfa pment or materials provided to me by others; those associated with weather conditions. I fully understand that participating in an Eventrious injury or death, economic loss, property damage or loss that or negligence of others. 2. waive, and discharge USAC, USA Cycling Development Found	ce hazards, in n man-made an nt is an extrem at may result f	acluding potholes; equipmen and natural jumps; sickness on the test of a person's physical from my actions, inactions o
s the UCI, sponsors, organizers, property owner f their respective officers, agents, employees,	ndent contractors, members, clubs, officials, event directors, local ars, law enforcement agencies, local governments, and other public and volunteers (collectively, "Releasees") from any claims that	entities, conne	cted with an Event, and each
. Covenant Not to Sue and Indemnity Agreer	ising from the ordinary negligence of Releasees. ment. I will not make any claim against Releasees for injury, da erstand that if I sue Releasees, Releasees may seek to recover		
osts, attorney's fees, judgments, liens, indebted and property damage that may be sustained by a . Health and Medical Treatment. I represent the presponsibility to make such determination and eemed necessary if I am injured or require medicing the party to Releasees and their insurance . Rules; Regulations; Equipment. As a conditionation of contained in the USAC Rule Book, Safe Spatewww.usacycling.org. I further agree to be famind to ride and participate to neither endanger in rovided by others for my use. I will wear a helm . Anti-doping. I understand and agree that the esting. If it is determined I may have committed in the results management authority of the UCI at . Use of Information. I understand that USAC greement and for marketing purposes. I further a thon need access to this information to perform a superior of the public rights in any broadcast, telectory in the property of public rights in any broadcast, telectory in the courts located in Colorado Springs and EI For proceeding. If any provision of this agreement in the proceeding. If any provision of this agreement in the proceeding. If any provision of this agreement in the proceeding. If any provision of this agreement in the proceeding. If any provision of this agreement in the proceeding. If any provision of this agreement in the proceeding. If any provision of this agreement in the proceeding in the proceedin	And Releasees from and against any actions, causes of action, classes, and liabilities of every kind, whether known or unknown, income or any other person in any way connected to, related to, or arise that I am in good health and proper physical condition to participate at that I am responsible for my well-being while participating in an Event, and to the releast carriers. I understand and agree that I am solely responsible for a carriers. I understand and agree to be bound and abide by USAC ort Program, Code of Conduct and Bylaws adopted by USAC and a liar with and abide by the rules and regulations established for an anyself nor others. I accept responsibility for the condition and adecet that complies with USAC regulations, and I assume all responsibility for the condition and adecet that complies with USAC regulations, and I assume all responsibility. Anti-Doping Rules and U.S. Anti-Doping Agency (USADA) Program anti-doping rule violation, I agree to submit to the results manage and my national federation. I agree that arbitration is my exclusive may collect or receive my contact information in connection with the acknowledge, agree and consent that (a) USAC and its designees are this information to contact me with information and offers believe to USAC and its affiliates, the right to capture and use my image, east, photograph, video, or audio sound recording taken in connection gas such use does not imply my endorsement of any company, This agreement shall be governed by and construed under the laws ising out of or relating to this agreement shall be instituted in the feaso County. Each party irrevocably submits to the exclusive jurisd at its invalid, illegal, or unenforceable in any jurisdiction, such invalidation or render unenforceable any other provision in any other jurisdication.	eluding foresees ing out of my less in an Event size of my name II costs related its rules, regulars amended from Event, to be faquacy of my exibility for the septocol apply to gement author remedy undernis agreement may share this tion with select do to be of internity in the septocol apply to gement author remedy undernis agreement may share this tion with select do to be of internity in the septocol apply to gement author remedy undernis agreement may share this tion with select do to be of internity in the select do to be of	en or unforeseen bodily injury participation in an Event. afely. I acknowledge that it is to receive medical treatment e and medical information by I to such medical treatment. ations, and policies, including om time to time and published amiliar with the Event course quipment and any equipment election of such a helmet. me. I agree to submit to drugity and processes of USADA the above rules. I, and use it to administer this information with third parties of marketing partners, and (or the street to me. Ine, voice, comments or othe ent, without compensation, for the courts in any such suit, action courts in any such suit, action of courts in any such suit, action
iving up substantial rights, including my rig	rstand its terms. I attest that I am 18 years of age or older (19 ht to sue Releasees for injuries resulting from the inherent ris I am signing this agreement freely and voluntarily. I intend my latest extent permitted by law.	ks of cycling	and the ordinary
rinted Name of Participant	Signature of Participant	Date	Date of Birth
mergency Contact Name	Emergency Contact Number	Particinant F	Email Address
norgency Contact Haille	Lineigency Contact Number	. artioipant i	

PARENTAL / LEGAL GUARDIAN CONSENT
I attest that I am the parent or legal guardian of the minor participant named above. I have carefully read the foregoing and agree to all of the terms.

Signature of Parent/Guardian Printed Name of Parent/Guardian

Date