WAIVER AND RELEASE FROM LIABILITY

(Minors – under age 18)

With respect to the New England Parkinson's Ride child	to be held on September 9, 2017, I hereby grant my permission to participate in this event.		
	and Parkinson's Ride, I freely accept and voluntarily nage that may result from this potentially hazardous		
I further agree to waive and release from all claims and liabilities of any kind arising out of my child's participation and agree to hold harmless The New England Parkinson's Ride, The Ballpark at Old Orchard Beach, ME, the Towns of Old Orchard Beach, Saco, Biddeford, Dayton, Sanford, Kennebunk, Kennebunkport, and Scarborough, ME, the University of New England, the Michael J. Fox Foundation, corporate sponsors, cooperating organizations, all rest stop locations, and any other parties connected with this event from and against any blame and liability as a result of my child's participation. I understand that it is the policy of The New England Parkinson's Ride that every child be accompanied by a responsible adult over 18 years of age at all times and that children under the age of 12 be accompanied by a parent or legal guardian.			
I will permit emergency treatment in the event of injury or illness while participating and give permission to use my child's first name only and photos taken during the event in any promotional material, publication, or on the website.			
I have taken the responsibility to inform my child that The New England Parkinson's Ride withholds the right to dismiss anyone that may cause disturbance during this event. I also understand that it is my responsibility to ensure proper training has occurred and that he/she has been instructed on the event and traffic rules. I agree to accept any responsibility for disregarding these rules.			
I certify that I have read and understand the intent of	of this waiver and release.		
Participant Name:	Age of Participant:		
Signature is required by a Parent or Legal Guar Witness of signature should be provided by Nota attendance at the event.			
Parent/Legal Guardian Name	Parent/Legal Guardian Signature		
Date:			

Cyclist Name:	

New England Parkinson's Ride

The following "Rules of the Road" must be followed while participating in The New England Parkinson's Ride. Any cyclist that does not adhere to these rules will be pulled from the Ride immediately.

Rules of the Road

- Helmet must be worn at all times.
- Riders must obey all traffic laws. Cyclists have the same rights and responsibilities as motorists.
- Ride predictably so that motorists can anticipate your next move and react accordingly.
- Always ride with the traffic flow, not against it.
- Stop at red lights and stop signs.
- Ride single file, in a straight line, to the right of traffic and at least three feet from parked cars or the edge of the road.
- Use hand signals to indicate turns, but always look before changing lanes. Do not assume your signal has been seen unless acknowledged.
- Use the correct lane when navigating an intersection. When going straight, keep left of right-turning traffic. When turning left, move to the left well in advance by looking back, signaling, and move left when it is safe to do so.
- Ride a safe distance behind the cyclist in front of you. Please be aware when they are slowing or stopping.
- Passing on the left is safer.
- Ride defensively.

I certify that my minor child has read and understands the rules of the road as listed above and agrees to follow the rules during the New England Parkinson's Ride.

Child's Name/Signature	Date:
Parent/Guardian's Signature	Date:

Authorization of Responsibility for Minor

New England Parkinson's Ride

In conjunction with the waiver / release form for n	ny child's participation, I,		
the parent / legal guardian of	(Age)	hereby	
authorize wh	who is at least 18 years of age to be solely responsible		
for the well being of my child while participating i	n the New England Parkinson's I	Ride on September 9	
2017. If medically necessary, I hereby authorize a	ppropriate authorities to offer em	ergency medical	
treatment. In case of emergency, please contact _		at	
(
Parent /Legal Guardian	Name of Person Responsible for	or Minor	
Name – please print	Name – please print		
Signature	Signature		
Date	Date		
Signature of Notary (if parent not in attendance at	event)		