

UNIVERSITY OF LOUISVILLE And Its Affiliates ("University")
PARTICIPATION & RELEASE FORM

DEPARTMENT: Get Healthy Now **UNIVERSITY CONTACT:** Nick Pitas
PROGRAM: Group Bike Commute **PHONE NUMBER:** 502-852-1234
DATE: Spring/Summer/Fall 2014 **EMAIL:** nick.pitas@louisville.edu

PROGRAM DESCRIPTION: A series of group bike rides to the Belknap and HSC campus', intended to encourage comfort with bike commuting. Rides will take place monthly, and leave from a different location throughout the city each month.

ACTIVITIES INVOLVED IN PROGRAM PARTICIPATION: Participants will ride as a group to from the starting location along the prescribed route to the final destination. Participants will be expected to follow all rules of the road, and failure to do so will result in termination of participation. Participants must provide their own bicycle and accessories (a helmet is required), as well as transportation to/from the starting/ending locations. A signed 'participation and release' form must be submitted and on file with UofL's Get Healthy Now program in order to participate in the monthly group bike commute.

1. The undersigned voluntarily and willingly agrees to participate in the above described program and in all activities included in and required by the program.

2. The undersigned acknowledges that if this field trip/program is for academic credit, the University has offered an alternative means of receiving academic credit in lieu of participating in the field study.

3. The undersigned agrees to assume all risk of accident or damage to his or her person or property as a result of the participation in the program and in the activities included in and required by the program, including transportation to and from the program site.

4. The undersigned authorizes the University and its agents to obtain medical care for the undersigned in the event that it is determined that in their opinion the undersigned is in need of immediate emergency medical attention while the undersigned is participating in the program. If such medical care is sought, the undersigned authorizes any medical care facility or physician selected by the University to perform whatever medical services are deemed necessary to preserve the undersigned's life, health, and well-being. The undersigned agrees to be responsible for and to indemnify and hold harmless the University and any of its agents and employees for the payment of all costs and expenses resulting from any such medical care, hospitalization, and medical services for the undersigned.

5. The undersigned agrees to remain under the supervision of and to comply with University policies and specific program rules as well as any instructions given by the University and its agents at all times during the program.

6. The undersigned does hereby authorize the University and its representatives to release the name and any relevant information about the undersigned as deemed appropriate.

7. The undersigned releases the University and its officers, directors, agents, servants, and employees from any and all actions, causes of action, demands, damages, expenses, attorney fees, and claims and counterclaims of any kind or nature, including any claims of negligence,

arising out of or in any way connected with (1) the participation of the undersigned in the program and in the activities included in and required by the program, including transportation to and from the program site; (2) the decisions or actions of the University in seeking and obtaining, or in failing to seek and obtain, the above-authorized immediate emergency medical attention; and (3) any failure of the undersigned to remain under the supervision of and to comply with any instructions given by the University and its employees or agents during the program.

The undersigned certifies that he/she has read and understands the above University Program Participation Release Form, and that he/she signs this form voluntarily.

Signature of Participant

Age
(If under 18)

Date

Print Participant Name

Signature of Witness

Date