American Red Cross – Southeastern Michigan Chapter
Ride for Red Liability Waiver
(For events involving adult participants only)

I_____, wish to participate in the **Ride for Red** ("Activity") to be held in **Oakland County**, **Michigan** on **Sunday**, **July 12**, **2009**.

I am aware that participation in the Activity is potentially hazardous and entails a risk of physical injury. I understand and agree that I am electing to participate at my own risk. I am not aware of any physical or medical condition that would interfere with my ability to participate.

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY RELEASE AND DISCHARGE THE AMERICAN NATIONAL RED CROSS, THE AMERICAN RED CROSS – SOUTHEASTERN MICHIGAN CHAPTER, AND ALL OF THEIR EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS ("RELEASEES") FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE ACTIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE RELEASEES.

By signing or electronically entering my full name on this waiver, I affirm that I have read and understand it and agree with its contents.

_____ _____
Signature of Participant Date

_____
Printed Name of Participant

_____ _____
Passenger Signature Date

_____
Printed Name of Passenger

I understand that I may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross – Southeastern Michigan Chapter, and their agents and affiliates to use my name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here.
_____

EMERGENCY INFORMATION

Please indicate the person(s) to contact in an emergency:

Contact 1:
Name:_____
Daytime:_____
Evening:_____
Cell:_____

Contact 2:
Name: _____
Daytime:_____
Evening:_____
Cell:_____

Physician:
Name: _____ Phone:_____