

**WARNING AND ASSUMPTION OF RISKS OF PERSONAL INJURY AND WAIVER
OF LIABILITY FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE**

1. I understand that participating in the event called "Tour de Mount Vernon," 35-mile, 19-mile, or 2-mile bike ride tour traveling the roadways and trails that run through the Mount Vernon District on October 19, 2019 or, in the event of inclement weather, rain date TBD, necessarily involves potentially hazardous activities and risks. In consideration of being allowed to participate in this bicycle event, I hereby expressly assume such risks, including any resulting personal injury and/or death, arising from my participation in this event.

2. Although Mount Vernon District Supervisor Dan Storck and the Fairfax Alliance for Better Bicycling has organized this bicycle event, I am aware that I am solely responsible for my own health and safety, and I represent that I am able to safely participate in this event.

3. I understand that my signature on this document constitutes a release and discharge on behalf of myself, my predecessors, successors, assigns, agents, heirs, executors, administrators, and representatives, of Fairfax County, Virginia, its Board of Supervisors and its members past and present, its employees, both in their individual and official capacities, and their respective predecessors, successors, assigns, heirs, executors, administrators, present and former agents, present and former employees, and present and former representatives, and Fairfax Alliance for Better Bicycling, Inc., and its directors, officers, agents, employees, and volunteers, from all claims, debts, liabilities, demands, obligations, promises, acts, agreements, costs, expenses (including, but not limited to, attorneys' fees and costs), damages, actions, and causes of action, of any kind or nature, that I have or may have under any theory of law, whether now known or unknown, suspected or unsuspected, previously asserted or presently unasserted, fixed or contingent, which I have or may have, based on, or arising out of my participation in this event.

4. I am eighteen years of age or older, or I have been permitted to participate in this program by my parent or guardian, who has signed this waiver form.

I have read and understood all of the above statements. I understand my rights and I knowingly and voluntarily assume the risks stated above as indicated by my signature below.

Signature of participant (or parent/guardian of minor participant)

Print Name of participant (or parent/guardian of minor participant)

Date: _____