

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING!

COUNTY OF FAIRFAX

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

1. I understand the Fairfax County "FCDOT Explore by Bike" program necessarily involves potentially hazardous activities and risks. In consideration of being allowed by the Government of Fairfax County, Virginia (hereafter called "Fairfax County") to participate in this program, I hereby expressly assume such risks, including resulting personal injury and/or death, arising from my participation in the public Bicycle Rides and related activities.

2. Although Fairfax County and/or its employees may sponsor or monitor the Fairfax County "FCDOT Explore by Bike" program, I am aware that I am solely responsible for my own health and safety. I represent that I am in good medical condition, am physically fit and able to safely participate in public Bicycle Rides. In allowing me to participate in this activity, I further understand that Fairfax County is relying on my honest representation of my health and medical condition.

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, 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 the public Bicycle Rides and related activities.

4. I am eighteen years of age or older or am participating with my parent or legal guardian.

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I have read and understood the statements on this document. I understand my rights and I knowingly and voluntarily assume the risks stated above. My signature below also means that my representation of my health and medical condition in paragraph two is complete, accurate and true.

Participant's Name [Please Print]

Signature

Date

Witness Name

FOLLOWING SECTION MUST BE COMPLETED IF PARTICIPANT IS A MINOR

Minor Participant's Name [Please Print]

Parent/Guardian Name

Parent/Guardian Signature

Date

Witness Name