

JERSEY SHORE TOURING SOCIETY

Ride Name:			Distance:	Date:	
Leader:			Pace:	Terrain:	
Member	Yes	No	Name	Emergency Phone (eg, Home #)	Cell Phone (if carried)
			* Helmets Required. Non-members must sign ride waiver *		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		()	()
2	<input type="checkbox"/>	<input type="checkbox"/>		()	()
3	<input type="checkbox"/>	<input type="checkbox"/>		()	()
4	<input type="checkbox"/>	<input type="checkbox"/>		()	()
5	<input type="checkbox"/>	<input type="checkbox"/>		()	()
6	<input type="checkbox"/>	<input type="checkbox"/>		()	()
7	<input type="checkbox"/>	<input type="checkbox"/>		()	()
8	<input type="checkbox"/>	<input type="checkbox"/>		()	()
9	<input type="checkbox"/>	<input type="checkbox"/>		()	()
10	<input type="checkbox"/>	<input type="checkbox"/>		()	()
11	<input type="checkbox"/>	<input type="checkbox"/>		()	()
12	<input type="checkbox"/>	<input type="checkbox"/>		()	()
13	<input type="checkbox"/>	<input type="checkbox"/>		()	()
14	<input type="checkbox"/>	<input type="checkbox"/>		()	()
15	<input type="checkbox"/>	<input type="checkbox"/>		()	()
16	<input type="checkbox"/>	<input type="checkbox"/>		()	()
17	<input type="checkbox"/>	<input type="checkbox"/>		()	()
18	<input type="checkbox"/>	<input type="checkbox"/>		()	()
19	<input type="checkbox"/>	<input type="checkbox"/>		()	()
20	<input type="checkbox"/>	<input type="checkbox"/>		()	()
21	<input type="checkbox"/>	<input type="checkbox"/>		()	()
22	<input type="checkbox"/>	<input type="checkbox"/>		()	()
23	<input type="checkbox"/>	<input type="checkbox"/>		()	()
24	<input type="checkbox"/>	<input type="checkbox"/>		()	()
25	<input type="checkbox"/>	<input type="checkbox"/>		()	()

Ride Name:

Leader:

Date:

LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB") RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in Jersey Shore Touring Society ("CLUB") sponsored Bicycling Activities ("Activity") I for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S SIGNATURE

PRINTED NAME AND PHONE NUMBER

DATE

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

Signature & Title of Witness

Address

LEAGUE OF AMERICAN BICYCLISTS
FIRST REPORT OF ACCIDENT

Injury Date: _____ Injury time: _____ AM PM
Injured Person: Spectator Participant Other _____
 Club Member Non-Member

Name: (Last) _____ (First) _____ (Middle) _____
Date of Birth: _____ Sex: Male Female SS# _____
Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
Phone (Day): _____ Phone (Evening): _____

If participant, was participant wearing a helmet at the time of the accident? Yes No
If yes, helmet manufacturer: _____ Helmet model: _____
Bike involved in accident -- manufacturer: _____ Bike model: _____
Does the injured person have other medical insurance? Yes No If yes, name of company: _____
Club Name: **Jersey Shore Touring Society** LAB Club #: _____
Club Address: **P.O. Box 8581, Red Bank, NJ 07701**

1. What part(s) of the injured person's body was hurt? No injury
CLAVICLE PELVIS HAND ARM FOOT LEG SIDE SHOULDER HIP EYE NECK
L R L R L R L R L R L R L R L R L R
STOMACH CHEST RIBS GROIN FACE HEAD BACK OTHER _____
 Severe Cut w/Bleeding Broken Nose less serious bruises, cuts, scratches Fracture
 Concussion Paralysis Other

2. Disposition: On-site care only Pursue further care: Yes No Fatality
 Ambulance to: _____ Other transportation: _____

3. Location and description of accident _____

4. This accident occurred during the following:
 Special event Club ride Race Time Trial Conditioning event

Please provide names of any witnesses to the incident and phone numbers.

_____	_____
Witness	Daytime phone number
_____	_____
Witness	Daytime phone number
_____	_____
Witness	Daytime phone number

5. Club official completing this form: Name: _____
Telephone number: _____ Title: _____

CLAIMS

Send completed form to:
American Specialty Insurance Services, Inc.
142 North Main Street, P.O. Box 309
Roanoke, IN 46783

LAB INCIDENT REPORT INSTRUCTIONS

An incident report is to be completed and mailed to the address shown below whenever an accident occurs. This holds true whether the person involved is a participant or a spectator, whether the injury is considered minor or major, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to answer all the questions, it is important that the form be completed as fully as possible. Do not delay sending in the report form; an incomplete form is better than none at all.

The top part of the form provides a place to identify the injured, the club, the date, and time of the accident, and the type of bike and helmet the participant was using.

Section 1 asks for information regarding the injury itself, the part of the body affected, and the nature of the injury.

Section 2 is for showing what type of care was provided to the injured person.

Section 3 provides space for a brief narrative description of the accident and its location.

Section 4 is for listing the names and phone numbers of witnesses and requests the type of activity going on when the injury occurred.

In Section 5, show the name, title, and telephone number of the official completing the form.

If you have any questions regarding the form, please call Rene Waterson of American Specialty Insurance Services at 1-800-245-2744.

The completed report is to be mailed to:

**American Specialty Insurance Services, Inc.
142 North Main Street, P.O. Box 309
Roanoke, IN 46783**

In case of serious injury, please also immediately notify American Specialty Insurance Services, Inc. by calling 1-800-566-7941. This number is answered 24 hours a day, 365 days a year. It is vital that you contact this claims line as soon as possible anytime you have an injury involving a participant or spectator who has been injured seriously enough that the injury required transportation to hospital or emergency treatment center.