

JERSEY SHORE TOURING SOCIETY

Ride Name:			Distance:	Date:	
Leader:			Pace:	Terrain:	
Member	Yes	No	Name <small>* Helmets Required. Non-members must sign ride waiver *</small>	Emergency Phone <small>(eg, Home #)</small>	Cell Phone <small>(if carried)</small>
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



INCIDENT REPORT FORM FOR BODILY INJURY

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
 ATTN: CLAIMS DEPARTMENT
 POST OFFICE BOX 459
 ROANOKE, IN 46783
 AMERICAN SPECIALTY* PHONE: 800-566-7941 FAX: 260-673-1291

Date of Incident: _____ Time of Incident: _____ AM / PM If injured person is an L.A.B. member, identify: L.A.B. Club Name: _____ Club Address: _____	Does the Injured Person Have Other Medical Insurance? Yes No If yes, please provide: Name of company: _____ Policy #: _____
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Injured Person: Club Member Non-Member Participant Volunteer Pedestrian Other _____ Was the injured person wearing a helmet at the time of the accident? Yes No Was the injured person riding: Tandem Bike Single Bike	Did This Take Place During: Club Ride Special Event Time Trial Race Conditioning Event Fundraiser If during a Special Event, list name of event: _____ Name of L.A.B. Club putting on the Special Event: _____
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INJURED PERSON INFORMATION			
Last Name	First	Mid.	Telephone Number ()
Address			Single Married
City			Social Security Number:
Age	D.O.B.	Male Female	Employer Name:
Employer Address:			
GUARDIAN/PARENT (if injured person is a minor)			
Last Name	First	Mid.	Telephone Number ()
Address		City	State Zip

SUSPECTED PRE-EXISTING CONDITION: Yes No

INCIDENT LOCATION	INCIDENT	WEATHER CONDITIONS
Off Road City Street Parking Lot Highway Registration Area Rural Road Restrooms/Locker Rooms Off Property Premises/Grounds Rest Stop	Assault/Sexual Overexertion Assault/Non-Sexual Eligibility Fall (different level) Trip/fall Fall (same level) Slip/fall Caught in, on, between Slip, bodily reaction Animal/Insect Bite/Sting Chased by dog Collision (with parked car) Bit by dog Collision (with moving car) Collision (with object/animal) Collision (participant/participant) Collision (participant/pedestrian) Struck by falling/flying object Auto/property (also complete reverse side)	Sunny Raining Foggy Snowing Cloudy
RIDER ACTIVITY		ROAD CONDITIONS
Turning right Passing Turning left Intersection Being passed Straight		Wet Dry Icy
CLASSIFICATION		ROAD TYPE
Minor injury or illness Non-injury Serious injury or illness		Paved Dirt Gravel
PRIMARY INJURY	BODY PARTY INJURED	DISPOSITION
Allergy Dislocation Nausea Amputation Electrical Shock Stroke Abrasion Foreign Body Burn Laceration Fracture Death Drowning Heat Exhaustion Pain Hypertension Sting/bite Illness Cold Injury Contusion Cardiac Seizures Concussion Strain/Sprain Tooth/Mouth	Eye (L/R) Torso Arm (L/R) Nose Back Tooth Neck Face Head Ear (L/R) Leg (L/R) Knee (L/R) Ankle (L/R) Internal Hip (L/R) Shoulder (L/R) Foot (L/R) Elbow (L/R) Hand (L/R) Wrist (L/R) Finger or Toe	Released to parent Police Refusal of care Ambulance Refer to doctor Report Only Medical attention EMS transport Continued riding Patient requested EMS transport Released to personal vehicle Refer to hospital/clinic

DESCRIBE HOW THE INCIDENT OCCURRED:

WITNESS INFORMATION		
NAME	ADDRESS	TELEPHONE NUMBER
1.		()
2.		()

Signature of Ride Leader or Official (with no relationship to claimant) _____

Date _____ Phone Number _____