

CBBC WAIVER OF LIABILITY and INCIDENT REPORT

Ride Leader _____

Ride Date ____/____/____

Ride Leader Phone ____ - ____ - ____

Ride Category _____

Mileage _____

Please return all waivers and incident reports to: CBBC, PO Box 1648, Doylestown, PA 18901

While bicycling is an outstanding recreational sport, it also involves risks and even dangers. Some of these dangers include but are not limited to: traveling on or crossing heavily traveled roads, winding roads, steep descents, potholes, accidents, unexpected moves of another rider, physical exertion, fatigue, flat tires, and motorists. Ride terrain, pace and distance may vary from the written or verbal description. In addition to the above, mountain bike rides may involve steep descents on heavily rutted roads, trails, as well as log and rock hopping.

I acknowledge that CBBC encourages the wearing of helmets and agree to save and hold the Central Bucks Bicycle Club harmless for any injury resulting from my failure to wear a helmet.

The undersigned acknowledges that the risks recited above, as well as numerous other dangers are inherent in recreational bicycling and the undersigned agrees to assume all risks associated with participation in club activities. The undersigned further agrees to save and hold harmless the Central Bucks Bicycle Club, its officers, directors, coordinators, executive committee members, volunteers, other club members from any and all liability for any injury or damage resulting from, or in any way connected with, participation in club related activities.

I warrant that I am competent to ride safely and that my bicycle and equipment are in safe working condition. I agree to obey all traffic laws and to practice safety and courtesy when cycling. I hereby consent to and permit any emergency treatment in the event of injury or illness.

In the case of children under the age of 18, I hereby agree to the terms of the above waiver on behalf of my child (children). I agree to abide by federal, state and local helmet laws as they apply to my child (children). I agree that the CBBC, its officers, activity organizers, ride leaders and other members have no obligation to provide instruction to, or supervision of my children.

I give to the Central Bucks Bicycle Club, its designees, agents and assigns, unlimited permission to use, publish and re-publish in any form or media, reproductions of my likeness, (photograph or video) with or without identification of me by name. I agree to not demand payment or any other compensation and agree to hold the above parties harmless of all liability arising from such use.

I HAVE READ AND UNDERSTAND THIS WAIVER. I AGREE TO BE LEGALLY BOUND BY IT.

Signature*	Print Name	Emergency phone (required)	Mobile phone (if carrying)	CBBC Member?	
1. _____	_____	E# _____	M# _____	Y: ____	N: ____
2. _____	_____	E# _____	M# _____	Y: ____	N: ____
3. _____	_____	E# _____	M# _____	Y: ____	N: ____
4. _____	_____	E# _____	M# _____	Y: ____	N: ____
5. _____	_____	E# _____	M# _____	Y: ____	N: ____
6. _____	_____	E# _____	M# _____	Y: ____	N: ____
7. _____	_____	E# _____	M# _____	Y: ____	N: ____
8. _____	_____	E# _____	M# _____	Y: ____	N: ____
9. _____	_____	E# _____	M# _____	Y: ____	N: ____
10. _____	_____	E# _____	M# _____	Y: ____	N: ____
11. _____	_____	E# _____	M# _____	Y: ____	N: ____
12. _____	_____	E# _____	M# _____	Y: ____	N: ____
13. _____	_____	E# _____	M# _____	Y: ____	N: ____
14. _____	_____	E# _____	M# _____	Y: ____	N: ____
15. _____	_____	E# _____	M# _____	Y: ____	N: ____
16. _____	_____	E# _____	M# _____	Y: ____	N: ____
17. _____	_____	E# _____	M# _____	Y: ____	N: ____
18. _____	_____	E# _____	M# _____	Y: ____	N: ____

*For any rider under age 18: Parent/Guardian Signature: _____ E# _____

INSTRUCTIONS

All ride leaders must use a *Waiver of Liability and Incident Report* for every CBBC advertised club activity. Each participant of the CBBC event must sign the front of this document for each ride. The document must be carried by the leader during the ride/event. Upon request by ride participants, ride leaders shall provide participants with leader's contact phone number so they may report any problems or concerns. The incident report shall be completed at the conclusion of the ride. All ride waivers and incident reports are to be returned within 30 days to CBBC, PO Box 1648, Doylestown, PA 18901.

Accident / Incident Report Form

Any accidents, however minor, shall be reported on the form below. This becomes a legal record for the ride and can be used if legal action is brought against the ride leader, club officers or other riders. Please use additional paper if required.

1. Were there any accidents or other incidents that occurred during the ride? No ___ Yes ___
 - a. If your answer was **No**, please sign and date below and send in the form to:
CBBC, PO Box 1648, Doylestown, PA 18901 or scan and email to: rides@cbbikeclub.org.
 - b. If your answer was **Yes**, please complete the whole form below and contact the Rides Director via phone or Email at incident@cbbikeclub.org within 24 hours

2. Explain the accident(s) and incident(s) below.

3. Were Police called? No ___ Yes ___

4. Were Emergency Medical Services called? No ___ Yes ___

5. Did rider seek medical care? No ___ Yes ___

6. Was rider able to continue with ride? No ___ Yes ___

7. Was a Motorist or Pedestrian involved? No ___ Yes ___

8. Was there a Police encounter? No ___ Yes ___

9. Name, address and phone # of person or persons involved in accident/incident:

10. Witnesses name & phone #:

11. Action taken, additional comments:

12. Ride Leader Signature: _____ Date: ___/___/___

Return to **CBBC PO Box 1648, Doylestown, PA 18901** no later than one month after the ride.
Report any accident or incidents to the Rides Director and Email incident@cbbikeclub.org within 24 hours.