

WINTERFEST 2024



FROSTY'S FROZEN BIKE RIDE

CONSENT AND LIABILITY RELEASE - READ CAREFULLY - APPLICATION NOT COMPLETE WITHOUT SIGNATURE BELOW

In consideration of the La Porte Park and Recreation Department permitting me to participate in the activities of the , I, the undersigned, for myself, my heirs, assigns, and personal representatives, do hereby agree to the following:

I understand that bicycling requires physical conditioning and I represent that I am in sound medical condition capable of participation in the La Porte Park and Recreation Department event, ride, and activities without risk to myself or others. I have no known medical impediment which would endanger myself or others. I agree that I will be solely responsible for the condition of my safety gear, bike, and other equipment.

I agree to wear a helmet at all times and obey Indiana Traffic Laws.

I understand that the organizers may tape or photograph this event and I agree to allow the organizers to use the content for promotional purposes without compensation.

I understand that bicycle riding is a potentially hazardous activity which involves risk, inherent and otherwise, known or unknown, that cannot be eliminated which may cause injury, illness, paralysis or death to myself and/or damage to property. I assume full and sole responsibility for all risks, both known and unknown, inherent and otherwise, related to La Porte Park and Recreation Department Bicycle Ride and activities. Further, I am voluntarily participating in this activity with the knowledge of the risks of injury and includes contracting a disease like COVID-19, and fully accept and assume all risks related to or arising from the La Porte Park and Recreation Department Bicycle Ride and activities.

By acknowledging that such risks exist, I waive, discharge, release, and hold harmless, La Porte Park and Recreation Department, City of La Porte, its officers, volunteers, and sponsors from any and all claims, damages, losses, actions, suits, expenses, attorney's fees, and liability, which arise out of participation in the La Porte Park and Recreation Department Bicycle Ride and activities.

This document is governed by the laws of the State of Indiana.

I have read and fully understand this Waiver and Release of Liability and Indemnity Agreement and agree to be bound by its terms. I understand that by signing this document I may be waiving certain legal rights, including the right to sue the La Porte Park and Recreation Department, the City of La Porte, the La Porte Park and Recreation staff and volunteers, and/or any of its Sponsors. I have read this document and signed this document freely and willingly.

Participant/Guardian's Signature

Participant Printed Name

Date

Address Line One

City, State and Zip

Phone

Age

Email Address

Emergency Contact/Phone

250 Pine Lake Ave.
La Porte, IN 46350
219.326.9600



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