

**HEALING RIDES PARTICIPANT RELEASE**

Healing Rides of Bloomington-Normal, Illinois is a ministry of Wesley United Methodist Church of Bloomington, Illinois. Their agents, officers, volunteers, employees and all other persons involved in Healing Rides are doing so without direct compensation. I hereby release, indemnify, and discharge Healing Rides and Wesley United Methodist Church on behalf of myself and/or on behalf of the participant as their Guardian.

1. I acknowledge my participation in bicycling entails known and unanticipated risks that could result in physical injury including death. The risks include accidents involving other bicycles and/or vehicles, collisions, falls, and other accidents caused by the conditions of roads, trails, terrain, or highways. I further understand that I may suffer from medical conditions which are not fully understood by the volunteers. Healing Rides volunteers have difficult jobs to perform and may be unaware of a participant’s fitness or abilities.

2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation is purely voluntary and I elect to participate in spite of the risks.

3. I certify that I have adequate medical insurance to cover any injury or damage which I may cause or suffer while participating. I further assume the risk of any medical or physical condition I may have.

By signing this document, I release, indemnify, and discharge Wesley United Methodist Church and Healing Rides from liabilities.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS DOCUMENT.

Date \_\_\_\_\_  
Signature of Participant \_\_\_\_\_  
Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

RELEASE OF GUARDIAN

I certify that I am authorized to sign this Release on behalf of \_\_\_\_\_, passenger. On behalf of passenger, I allow passenger to participate in these activities. I have read the above Release. I further agree to indemnify and hold harmless on behalf of passenger Wesley United Methodist Church, Healing Rides, and all participants from all claims which are brought by or on behalf of passenger. I have further explained to Healing Rides all of the known medical conditions or other items which may affect passenger’s ability to successfully participate as a passenger.

Date \_\_\_\_\_  
Signature of Family Member /Guardian \_\_\_\_\_  
Print Name \_\_\_\_\_  
Relationship to Passenger \_\_\_\_\_