



ACCIDENT WAIVER AND RELEASE OF LIABILITY IN RIDE FOR COVID 19 RELIEF, OCT. 30, 2021

I, the undersigned, (full name), Reside

in..... (address)

..... (city), (state) (zip code)

Emergency Contact : (name)

..... (phone number that can be contacted

in case of emergency) **Hereby declare that,**

• I certify that I am physically fit, have sufficiently trained for participation in the Ride for COVID 19 Relief (the Event) and have not been advised otherwise by a qualified medical person.

• I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

• In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

1. (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Indonesian American Chamber of Commerce – South Central USA with address at 4771 Sweetwater Blvd #353, Sugar Land TX 77479 (i.e. their officers and volunteers), The Consulate General of the Republic of Indonesia in Houston with address at 10900 Richmond Ave, Houston TX 77042, (i.e. their consul general, consuls, officers, employees), and Gowes Indo-Houston (i.e. their representatives and volunteers) the event holders, event sponsors, event volunteers
2. (B) Indemnify and Hold Harmless the entities or persons aforementioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether cause by the negligence of releases or otherwise.

• In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.



- I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the Event holders, producers, sponsors, organizers, and assigns.
- I am voluntarily participating in the aforementioned Event and my participation in the Event is entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this Event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE OF LIABILITY AGREEMENT" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY, AND VOLUNTARILY AGREE TO ABIDE BY THIS AGREEMENT.

.....(date) , (place)

_____ (signature)