

# RIDER APPLICATION

2012 GEICO Road Safety Bicycle Tour (AKA Survive the Drive)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

GENDER M F Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

EXPERIENCE:

Describe your experience in traffic safety related education and enforcement

issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in participating in the 2012 GEICO Road Safety Bicycle Tour?

Tour?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your experience in

cycling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any media relations experience you may

have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or convicted of a criminal offense? If yes, please

explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check one

RIDER \_\_\_\_\_

CREW \_\_\_\_\_

## Memorandum of Understanding

Do you understand that the GEICO Road Safety Bicycle Tour does not explicitly express or imply or promise that you will be selected to ride, nor does it explicitly express or imply or promise that any expenses of the rider during the application process will be covered? Do you understand that all expenses including, but not limited to, travel, gasoline, food, lodging, repairs, medical aid, and beverages are borne by the rider applicant and by applying for the team, no affiliation with any organization whether public or private is expressed or implied? Do you understand and accept that bicycling on public roadways can be dangerous and can result in serious injury or death to you?

RIDER NAME (print) \_\_\_\_\_

RIDER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

## WAIVER

GEICO Road Safety Bicycle Tour (AKA Survive the Drive, GEICO Tour, Road Safety Bicycle Tour, Florida Tour, The Ride) RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the GEICO Road Safety Bicycle Tour, including any associated or qualifying rides or events, sponsored and developed by the Florida State University Police Department and its partners, I, for myself, my personal representatives, 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 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 Florida State University, the Florida State University Police Department, The Florida State University Board of Trustees or the Florida Board of Governors, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, partners, 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 OF ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; 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.

4. PROMISE TO ABIDE BY STATE LAWS AND REGULATIONS REGARDING BICYCLE SAFETY. I agree to obey all Florida traffic laws pertaining to the operation of bicycles on public roads and will obey all traffic control devices, speed zone requirements, requirements to yield right of way, directions of law enforcement officers, and all other laws and regulations regarding bicycle operation on public roads.

5. HELMET & LIGHT REQUIREMENT. I understand that in order to participate in this event, the Florida State University Police Department requires all riders to wear a properly fitted and worn bicycle helmet that is ANSI, CPSC, or ASTM F1492 standard approved for use. Persons not wearing a helmet will not be considered participants and will be politely asked to leave the group if any. Any riders cycling at night are required to have their bicycle properly outfitted with an operating front headlight and rear taillight, as required by Florida Law.

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 EXTEND ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Rider Name: \_\_\_\_\_

Rider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion of this form return to:

The FSU Police Department

830 West Jefferson Street Tallahassee, Florida 32306

Attn: Major Russell

You will be contacted by the ride director upon receipt of your application.

Applications received without an original signature will be discarded.