

2006 USAF Blue Streak Time Trial Waiver, Release and Hold Harmless Agreement

In consideration for the opportunity to participate in the Air Force Blue Streak Bicycle Time Trials (TTs) at Wright Patterson Air Force Base, Ohio the undersigned expressly agrees as follows:

a. To save, hold harmless, indemnify, and defend the United States and its agents, employees, and instrumentalities from and against any and all liability claims, costs and suits of whatever kind, including but not limited to personal injuries and property damage, occurring and in connection with, or in any way incident to or arising out of my activity or conduct while upon or about Wright-Patterson Air Force Base, Ohio.

b. To assume responsibility for and indemnify the United States, and its employees, agents, and instrumentalities, for any and all loss or damage of whatever kind and however caused to any and all United States Government property, if such loss or damage is a result of my negligence or misconduct.

c. I hereby consent to any medical treatment necessary for me in the event of my injury or illness and agree to pay any and all costs associated with such medical treatment. I am aware that this event requires physical endurance and I am aware of the danger normally associated with bicycle riding. I will wear appropriate protective equipment, to include a bicycle helmet during the event. To save, hold harmless, indemnify, and defend the Dayton Cycling Club (DCC) and its agents, volunteers, members and instrumentalities from and against any and all liability claims, costs and suits of whatever kind, including but not limited to personal injuries and property damage, occurring and in connection with, or in any way incident to or arising out of my activity or conduct while upon or about Wright-Patterson Air Force Base, Ohio

Please complete all 12 items in order to participate, and mail to:

Blue Streak TT
Attn: Valerie Paoloemilio
931 Brookwood Drive
Troy OH 45371-5300
ValeriePaoloemilio@verizon.net

1. _____ 2. _____
Print Name Legibly Date
3. _____ 4. ____ / ____ / ____
Participant Signature Birth Date
5. Gender: M _____ F _____
6. Class: Single ____ HPV ____ Tandem (Partner Name Below) ____ Triplet ____
Tandem or Triplet Partners: _____
7. AF Affiliation: AF Employee ____ Military ____ AF Contractor ____ None ____
8. DCC member? Yes _____ (Complete DCC mileage form) No _____
9. E-mail address: _____
10. I volunteer to assist with Jun _____, Jul _____, and/or Aug _____ 2006 Blue Streak TT(s)
11. I have ridden the Blue Streak TT before Yes _____ No _____
12. Estimated average speed over 10-mile distance: _____ mph