



# RELEASE FORM

I acknowledge that participation in Ride for Missions is a potentially hazardous activity. I will not participate unless I am medically able to do so, am properly trained, and have resources to cover medical costs for injuries that may occur. I assume all responsibility for the risks associated with participation in this event including accidental injury or death resulting from falls, contact with other riders, or contact with traffic along the route. I will pay my own medical expenses in the event of an accident, illness, or other incapacity and will not hold Rosedale Mennonite Missions or the event organizers responsible for those expenses or other losses I, or my family, may incur if I am injured. I waive any and all additional notice of the existence of dangerous conditions associated with Ride for Missions and assume responsibility to exercise my own judgment in evaluating those conditions.

With knowledge of these facts, I, or my heirs and anyone acting on my behalf, discharge and release Rosedale Mennonite Missions and the ride organizers from any and all claims and actions at law for damages or monetary awards arising out of my participation in Ride for Missions including injury to my person or property caused by any act or failure to act by the above entities and persons. I will wear a helmet and obey the rules of the road. By signing my name below, I intend to be legally bound by all the terms and conditions of this assumption of risk and waiver of claims.

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**RIDER'S NAME** *PLEASE PRINT*

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**RIDER'S SIGNATURE**

**DATE**

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**PARENT'S SIGNATURE** *IF UNDER 18*

**DATE**

**RETURN TO:**

2120 E 5th Ave  
Columbus OH 43219

[info@rmmoffice.org](mailto:info@rmmoffice.org)

