# **MREA Event Cyclists**

This is an event specific annual form where you agree to release the Midwest Renewable Energy Association (MREA) of all liability while participating in Activities and/or working with MREA. This form is in effect from the day of signature to the day following the event (Sunday, August 22<sup>nd</sup> 2021).

This Release and Waiver of Liability (the "Release") recognized and signed on

\_\_\_\_\_by Day Month Year

Print First and Last Name

in favor of the Midwest Renewable Energy Association, their directors, officers, and employees (collectively, "MREA").

I, the undersigned, desire to participate in the attractions, events, and activities offered by Midwest Renewable Energy Association, including recreational cycling.

(the "Activities".)

In consideration for being allowed to participate in these Activities on the dates as set out below, which consideration is hereby expressly accepted and acknowledged,

I, hereby freely, voluntarily, and without duress executes this Release under the following terms:

### **Release and Waiver**

I hereby release and forever discharge and hold harmless MREA and it successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or inequity, which arise or may hereafter arise from the Activities I participate in with MREA. I understand that this Release discharges MREA from any liability or claim that I may have against MREA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Activities I participate in with MREA, whether causes by the negligence of MREA or its officers, directors, employees, or otherwise. I also understand that MREA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

#### **Medical Treatment**

I hereby release and forever discharge MREA from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Activities I participate in with MREA.

#### Assumption of the Risk

I understand that the Activities includes work that may be hazardous. I understand that I could suffer property damage, as well as minor injuries or serious injuries, including bruises, scrapes, cuts, broken bones, psychological injury, paralysis, or even death, and/or loss resulting from any of these Activities. I understand, accept, and assume all risks of my participation. I have adequate medical insurance to cover any injuries to myself and/or agree to bear the costs of such treatment of any injury. I do not have any medical condition which could interfere with my safe participation in these Activities. I acknowledge that the risks of these Activities can be greatly reduced by using common sense.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and releases MREA from all liability for injury, illness, death, or property damage resulting from the Activities.

#### **Photographic Release**

I hereby grant and convey unto MREA all rights, title, and interest in any and all photographic images and video or audio recordings made by MREA during Activities with MREA, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

#### **Confidentiality Agreement**

It is understood and agreed that the MREA may provide certain information that is and must be kept confidential. To ensure the protection of such information and to preserve any confidentiality necessary it is agreed that:

1. The Confidential Information to be disclosed can be described as and includes:

Invention description(s), technical and business information relating to proprietary ideas and inventions, ideas, patentable ideas, trade secrets, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, finances and financial

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projections, customers, clients, marketing, and current or future business plans and models, etc., regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.

2. I agree not to disclose the confidential information obtained from the MREA to anyone unless required to do so by law and to always protect the privacy and security of confidential material, both during and after terms of service with MREA.

#### Other

I expressly agrees that this Release in intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin or other state that I engage in Activities with MREA, and that this Release shall be governed by and interpreted in accordance with the laws of that State. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

### **Contact Information**

Participant (Cyclists)				
Printed Name: First		Middle Initial	Last	
Address: Street	City		State	Zip Code
Phone (Cell):		Phone (Ho	me):	
Email:				
Group/Organization if Applical	ble:			
Signed:			Date:	
Name, First and	l Last			
***If you are under the age o	f 18 a parent or leg	al guardian must sign.	***	
Parent Signature:				
<b>E</b>				
Emergency Contact I	nformation			
Emergency Contact 1				
Printed Name:				

First		Middle Initial	Last		
Address:					
Street	City			State	Zip Code
Phone (Cell):		Phone (Home):	. <u> </u>		
Relationship:					
(OPTIONAL) Emergency Contact 2					
Printed Name:					
First		Middle Initial	Last		
Address:					

Street	City		State	Zip Code
Phone (Cell):		Phone (Home):		
Relationship:				