

## Skagit Valley Food Co-op

### Bike to Farm Assumption of Risk, Waiver & Release Agreement

**Assumption of Risk:** I understand and accept that participating in the 2025 Bike to Farm Tour (the "Activity") exposes me to hazards and entails risk of death, personal injury (including but not limited to severe spinal or head injury), and loss of or damage to property. I also understand I should be in good physical health to participate in bicycling. I choose to participate in bicycling in spite of these risks and hereby assume all risk of injury or loss of life to myself and loss of or damage to property arising out of participating in this Activity. I understand the inherent risk involved in using this equipment, accept full responsibility for any and all such damage or injury which may result.

**Waiver & Release:** In consideration of Skagit Valley Food Co-op leading the Activity, I specifically release and forever discharge Skagit Valley Food Co-op and its employees from any and all liability or claims for injury, illness, death or loss of or damage to property which I may suffer while participating in the Activity. It is my intent by the Waiver & Release Agreement to release Skagit Valley Food Co-op and hold harmless from all liability for any such property loss or damage, personal injury, or loss of life. In the event that any damage to farm equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

I REALIZE THE IMPORTANCE OF WEARING A HELMET AND ACKNOWLEDGE IT IS A REQUIREMENT OF PARTICIPATION IN THE ACTIVITY. I HEREBY COMMIT TO WEARING A HELMET AT ALL TIMES WHILE RIDING A BIKE DURING THE ACTIVITY.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENT. I AM AWARE THIS IS AN ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY. I ALSO UNDERSTAND THAT I SHOULD NOT AND MAY NOT PARTICIPATE IN THIS ACTIVITY IF I AM UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Age (if under 18)

\_\_\_\_\_  
Parent or Guardian's Signature  
(if under 18 years of age)

\_\_\_\_\_  
Printed Name

Email Address: \_\_\_\_\_

Date: August 2, 2025