



Cuba Cycling Adventure

Liability Waiver and Release of Claims

Participant Information:

Full Name: _____

Address: _____ City, State,

Zip Code: _____

Phone Number: _____

Email Address: _____

Tour Information:

Tour Name: _____

Tour Date: _____

Emergency contact*:

Name: _____

Phone Number: _____

Email: _____

Assumption of Risk: I, the undersigned participant, acknowledge and understand that cycling involves inherent risks, including but not limited to:

- Risk of injury from falls, collisions, or accidents.
- Risk of illness or injury from exposure to weather conditions.
- Risk of injury due to equipment failure or malfunction.
- Risk of injury from encounters with wildlife or other cyclists.
- Risk of injury from road conditions and traffic.



Cuba Cycling Adventure

I voluntarily choose to participate in the tour provided by Cuba Cycling Adventure with full awareness and understanding of these risks. I assume **all risks** associated with this tour, and I **release and discharge** Cuba Cycling Adventure, its owners, employees, guides, and affiliates from any liability, claims, demands, actions, or causes of action arising out of or related to any injury, illness, or property damage that may occur during or as a result of my participation in the tour.

Medical Information: I confirm that I am in good physical health and do not have any medical conditions or physical limitations that would prevent me from safely participating in this cycling tour. I agree to inform Cuba Cycling Adventure of any medical conditions or changes to my health that may affect my ability to participate safely.

Emergency Medical Treatment: In the event of an accident or medical emergency, I authorize Cuba Cycling Adventure and its staff to seek and provide necessary medical treatment, including but not limited to first aid, ambulance transportation, hospitalization, or surgery, on my behalf. I understand that I am responsible for any medical expenses incurred.

Photography and Likeness: I grant Cuba Cycling Adventure the right to use photographs, video recordings, or other media in which I may appear for promotional, advertising, or marketing purposes without compensation.

Acknowledgment of Agreement: I have read and fully understand this liability waiver and release of liability. I am aware that it is a legally binding agreement, and I sign it of my own free will.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature (if participant is under 18): _____ Date: _____

Participants should have the opportunity to review the waiver before participating in the tour and should be provided with a copy for their records.