

Name: \_\_\_\_\_

## New England Parkinson's Ride

*The following "Rules of the Road" must be followed while participating in The New England Parkinson's Ride. Any cyclist that does not adhere to these rules will be pulled from the Ride immediately.*

### **Rules of the Road**

- Helmet must be worn at all times.
- Riders must obey all traffic laws. Cyclists have the same rights and responsibilities as motorists.
- Ride predictably so that motorists can anticipate your next move and react accordingly.
- Always ride with the traffic flow, not against it.
- Stop at red lights and stop signs.
- Ride single file, in a straight line, to the right of traffic and at least three feet from parked cars or the edge of the road.
- Use hand signals to indicate turns, but always look before changing lanes. Do not assume your signal has been seen unless acknowledged.
- Use the correct lane when navigating an intersection. When going straight, keep left of right-turning traffic. When turning left, move to the left well in advance by looking back, signaling, and move left when it is safe to do so.
- Ride a safe distance behind the cyclist in front of you. Please be aware when they are slowing or stopping.
- Passing on the left is safer.
- Ride defensively.

I certify that I have read and understand the rules of the road as listed above. I agree to follow the rules during the New England Parkinson's Ride.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature (if rider is under 18 years old)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Waiver**

In signing this release, I understand the intent thereof, and I, for myself, my heirs, executors, and administrators, hereby agree and will absolve and hold harmless the New England Parkinson's Ride, the Town or Old Orchard Beach, and the Michael J. Fox Foundation from and against any blame and liability from my participation in the New England Parkinson's Ride and any activities associated herewith. I hereby attest that I am physically fit and prepared for this event. I also hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for the use of my name and photograph in any materials produced by the New England Parkinson's Ride.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature (if rider is under 18 years old)

Signature \_\_\_\_\_ Date: \_\_\_\_\_