

2026 WFMU October Hellraiser Halloween Ride Waiver of Liability – Please read Before Signing .
Please print and bring your signed copy to the ride.

WFMU is a listener supported radio station owned and operated by Auricle Communications, a non-profit corporation organized under [501©(3)]

The 2026 WFMU October Hellraiser Halloween Ride” (the “Ride” or “Event”) is non-competitive social ride and WFMU listener meet-up being held on October 31, 2026. The ride will take place on the segregated multi-use paths on the west side of Manhattan in New York City, from Battery Park at the south end, to Tiny Beach at the north end. The ride will be hosted by WFMU volunteer staff members Michael Newman, Dave Mandl, and Greg Harrison. Participation in the event is free of charge.

In consideration of being allowed to participate in the 2026 WFMU October Hellraiser Halloween Ride and related activities, I the undersigned, acknowledge, understand, and agree that:

1. I acknowledge that participating in the Ride includes certain inherent risks, including, but not limited to the risk of injury or death due to: a collision with other riders, traffic, stationary objects, or other objects; falling from my bicycle, which may occur due to errors in operation, mechanical failures, irregularities of the travel route, the effects of weather, and many other reasons not specifically listed. I voluntarily assume all such risks by agreeing to participate. I recognize that these risks include the possibility of damage to my property, injury to my body up to and including death, and harm to others who rely upon me or have a legal interest in me. I acknowledge that particular rules and personal discipline may reduce this risk, but that the risk of property damage, physical illness, serious physical and or mental trauma or injury, up to and including death exist due to my participation in any part of the Ride; and, **Initials:** _____

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume all responsibility for my participation; and, **Initials:** _____

3. I have read and understood the description of the Ride and the Code of Conduct for the event provided by WFMU at <https://www.wfmup.org/hellride> and I agree to abide by the Code of Conduct, including, without limitation, the requirement to wear a Consumer Product Safety Commission-approved bicycle helmet, as well as all other rules and regulations established by WFMU for the event; by the provisions of New York State and New York City laws and regulations including the New York Vehicle and Traffic Code; and by any instructions or directions conveyed during the Ride by WFMU or its agents as circumstances may arise. I furthermore agree to immediately remove myself from participation in the Ride if, during the course of my participation, I observe any unusual or significant hazard; and I furthermore agree to immediately bring any such unusual or significant hazard to the attention of WFMU or its agents and public officials, if appropriate; and, **Initials:** _____

4. I, for myself and on behalf of my heirs, assigns, personal representatives, next of kin, and any and all other successors in interest, HEREBY RELEASE WFMU, Auricle Communications, and all of their respective officers, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), from liability arising from ANY AND ALL INJURY, DISABILITY, DEATH, or any other loss or damage to person or property, to the fullest extent permitted by law.; and **Initials:** _____

5. As a non-profit, WFMU is subject to charitable immunity for anything other than willful and wanton disregard for safety considerations. In the event of a liability claim WFMU, its assigns and agents will be governed by New Jersey law.; and, **Initials:** _____

6. I hereby agree and consent that, should I become incapacitated or otherwise incompetent to make decisions during my participation in the Ride, WFMU shall have the authority to obtain for me any and all medical treatment that WFMU, in its sole discretion, may deemed advisable to ensure I am treated for any injury, accident or illness arising during the event; and, **Initials:** _____

7. I understand that this event and related activities may be photographed, filmed, videorecorded or otherwise memorialized in representational form, and I consent for WFMU to create such representations of my likeness, voice, costume, personal effects, or other characteristics; and I furthermore consent, permit and allow the use of my photo, video or film or sound likeness for any legitimate purpose by WFMU and the Ride organizers producers, sponsors, organizers and/or assigns in perpetuity; and, **Initials:** _____

8. I understand that at the event, I alone am responsible for the security of my personal belongings, including but not limited to my bicycle.

9. I HAVE READ each provision of THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, , indicating so by marking my initials beside each numbered paragraph; and I FULLY UNDERSTAND the TERMS contained therein; and I furthermore UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING this Release, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Initials: _____

Participant's Signature & Date

_____ () _____

Emergency Contact: Name and Phone Number (please print)

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/ Guardian Signature & Date

Participant's (or Parent/Guardian's) Name and Address (please print)
