

STUDENT AGREEMENT

Bike Club is what you make it!

Safety



Having Fun

Learning

Respect

All Bike Club members are expected to participate safely, to respect all participants and the equipment, to challenge themselves to learn, and keep it fun. Also, new students must attend the first three weeks of bike club which focuses on traffic safety and bike riding skills. Returning students are encouraged, but not required to attend the first few weeks.

- STUDENT SIGNATURE: _____ The best way to contact me is: _____

PARTICIPANT'S EMERGENCY MEDICAL INFORMATION

This information may be used for more than one outing. You must inform the ride leader if any of this information changes .

1. Participant's Address: _____

2. Allergies (to drugs, foods, insect bites, etc.): _____

A. What are the symptoms? _____

B. How do we treat those symptoms? _____

3. List all medications for which the participant currently holds a prescription and indicate which ones the participant will be Taking during outing(s): _____

4. List all medical conditions of which the outing leader should be aware or which may affect the participant's ability to participate in activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment):

Emergency Contacts:

List *at least two* persons we should call in case of an emergency. We will try to contact them in the order that they are listed below.

1. _____
 Name Relationship Phone

2. _____
 Name Relationship Phone

3. _____
 Name Relationship Phone

RELEASE AGREEMENT

Major Taylor After-school Bicycling Program:

CASCADE BICYCLE CLUB

In consideration of the acceptance of my child (or minor participant) into the CASCADE BICYCLE CLUB MAJOR TAYLOR BICYCLE PROGRAM (CBC), my child's school (be it Tye, the YES! Foundation of White Center, Evergreen, Cascade, Chief Sealth, Chief Leschi, Franklin, Cleveland, Rainier Beach, Highline, Foster, Lincoln, Mt Tahoma, Foss, Jason Lee, Stewart, First Creek). By signing this release for my child (or minor participant), I agree to RELEASE, HOLD HARMLESS, AND INDEMNIFY Cascade Bicycle Club, and all of the respective sponsors, officers, agents, members, employees, and volunteers and all states, counties, cities, and facilities in which this event is held, and any other parties connected with this bicycle event for any injury, loss, or damage suffered as a result of participation in this bicycle event, including injury, loss, or damage caused by the negligence of any party.

I understand and agree that neither Cascade Bicycle Club, its officers or agents, nor the instructors(s), or other volunteers, may be held liable in any way for any occurrence or accident in connection with said program, and I further agree to save and hold harmless the above mentioned organizations and their officers and agents, the instructor(s) and volunteers from any claim by me, my family, estate, heirs or assigns arising out of my child's participation in this program.

I understand that there are certain risks associated with bicycle riding, including the risk of serious personal injury or death, and I expressly agree to my child (or minor participant) assuming these risks. I warrant that my child (or minor participant) is a sufficiently competent cyclist to handle participation in the Club.

I also warrant that my child (or minor participant) is physically fit enough to participate in this event and that **I accept full responsibility for all medical expenses incurred as a result of my child's (or minor's) participation. I agree to HOLD HARMLESS and INDEMNIFY the entities named above for any claims brought on behalf of the minor.**

I understand that wearing a helmet that meets bicycle safety standards, CPSC, SNELL, ANSI, or ASTM, can minimize head injuries that may occur in a cycling accident and that Cascade Bicycle Club requires all riders to wear helmets. I agree that my child (or minor participant) will wear a helmet at all times while participating in this event. It is my sole responsibility to ensure that my child's helmet meets CPSC, SNELL, ANSI, or ASTM standards.

I give permission for Cascade Bicycle Club, my child's (or minor participant's) institution/school to use my child's image in any future club material should it appear in photos or videos taken during this event.

Any legal action that may arise from my child's (or minor's) participation in this event will be handled in the State of Washington according to Washington State law.

Please print: MY SIGNATURE GUARANTEES THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND IT.

 [NAME OF PARTICIPANT]

 [STUDENT CELL PHONE]

 [STUDENT BIRTHDATE]

 [PARENT/GUARDIAN NAME]

 [PRIMARY PHONE #]

 [PRIMARY EMAIL ADDRESS]

Please sign: _____ **Date:** _____

[SIGNATURE OF PARENT/GUARDIAN OR PARTICIPANT IF 18 OR OLDER]

^ Consent for medical care and treatment of a minor: by signing above, I authorize medical treatment for the minor registering and agree to be responsible for any costs associated with such treatment.