

Bike Safety Program Release and Waiver of Liability

Participant Information

Participant First/Last Name: _____ Age: _____ ZIP Code: _____

Parent/Guardian/Self Name: _____ Contact Phone: (____) _____ - _____

Emergency Contact

First Last Name: _____ Relationship: _____ Phone: (____) _____ - _____

Please check which event/activity you are Participating in

☐ Bike Helmet Fitting ☐ Bike Safety Check ☐ Community Bike Ride ☐ Bike Road-eo ☐ Safety Town

Riding & Skill Level: ☐ Beginner ☐ Intermediate ☐ Advanced Bike Type: ☐ Training Wheel ☐ Two Wheeled

Inherent Potential Risks for Participant (or Dependent)

- a. I acknowledge that there is an inherent risk of injury when participating in any physical activity including bicycling. I fully understand that bicycling may involve risk of serious injury or death, property damage, and economic losses. I HEREBY ASSUME ALL SUCH RISKS, both known and unknown arising from bicycling and the use of any distributed helmet/safety equipment.
- b. I understand that The Safety Place is not responsible for Participant's personal safety or the safety of Participant's property while participating in the program.
- c. I acknowledge that use of helmet and additional safety gear does not guarantee an individual's safety while bicycling; and that I am responsible for fitting/operating helmets and safety gear according to the manufacturer's instructions.
- d. I understand that the charitable donors do not make any warranty regarding distributed helmets and additional safety gear. The charitable donors do not warranty the quality or fitness of the helmet, additional safety gear, and expressly disavow any implied warranties or merchantability or fitness for a particular purpose. I understand that all distributed helmets and additional safe gear are manufactured by an outside company.
- e. I attest that I (or my dependent) am medically and physically able to participate in physical activities related to The Safety Place programming. If I experience any doubt as to my (or my dependent's) ability to successfully and safely participate in/or complete related activities, I take full responsibility for consulting a physician. I attest that, if I (or my dependent) am pregnant, disabled, in any way, or have suffered recent illness, injury, or impairment, I (or my dependent) should have or did consult a physician prior to participating in The Safety Place Bike Safety programming.
- f. The Safety place has permission to authorize emergency medical treatment for participant in the absence of legal guardian; and has no responsibility for any injury that might occur in connection with that treatment.
- g. I RELEASE, INDEMNIFY, AND HOLD HARMLESS The Safety Place, their employees, partnering agencies, contractors, and volunteers from and against any and all losses, costs, claims, demands, cause of action, injury, damage and liability. I acknowledge that The Safety Place, their employees, partnering agencies, contractors, and volunteers are not responsible or reliable in any way for any product defects in, or injuries resulting from the use of distributed helmets, safety gear, safety training, community bike rides, program equipment use, program activities, bike safety check or safety information distributed.

Acknowledgement and Compliance with Rules and Regulations for Participant (or Dependent)

- a. I understand that per Louisiana law, all child riders are required to wear a bike helmet to participate in bike safety activities. Any person under the age of 12 riding a bicycle, as an operator or passenger, must wear a protective bicycle helmet. I understand that all riders, no matter age, should utilize a bike helmet when participating in wheeled activities.
- b. I acknowledge that bike helmets and secure closed-toe shoes are mandatory to participate in bike riding activities.
- c. I (or my dependent) agree to exhibit appropriate behavior at all times and obey all traffic laws governing cyclists.

Photography, Video, Website, Media and Social Media Release for Participant (or Dependent)

I hereby grant full permission to The Safety Place, their employees, partnering agencies, contractors, and volunteers to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this program/event through any and all promotion outlets without restriction as to changes or alterations.

Voluntary Participation for Participant (or Dependent)

I am fully aware of the risks connected with participation in bike related activities connected in participation with The Safety Place, whether specifically listed in this waiver or not, and I (or my dependent) voluntarily elect to participate knowing that this participation involves risks. I agree that if any portion of this waiver is deemed invalid, the remainder of the waiver will still be binding and enforceable.

Parent/Guardian/Self Signature: _____ Relationship: _____ Date: _____

Team Member First & Last Name: _____ Signature: _____ Date: _____

