



RELEASE AGREEMENT

Youth Bike Programs:

CASCADE BICYCLE CLUB, CASCADE BICYCLE CLUB EDUCATION FOUNDATION, EVERGREEN MOUNTAIN BIKE ALLIANCE, KING COUNTY

In consideration of the acceptance of my child (or minor participant) into the CASCADE BICYCLE CLUB EDUCATION FOUNDATION'S YOUTH BIKE PROGRAMS, the Evergreen Mountain Bike Alliance, and King County and by signing this release for my child (or minor participant), I agree to RELEASE, HOLD HARMLESS, AND INDEMNIFY Cascade Bicycle Club, Cascade Bicycle Club Education Foundation, Evergreen Mountain Bike Alliance, King County and all of Cascade's sponsors, and all of the respective 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 negligence of any party.

I understand and agree that neither Cascade Bicycle Club, Cascade Bicycle Club Education Foundation, Evergreen Mountain Bike Alliance, King County 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 event, and I further agree to save and hold harmless the Cascade Bicycle Club, Evergreen Mountain Bike Alliance, King County, its officers and agents, and the instructor(s) from any claim by me, my family, estate, heirs or assigns arising out of my child's participation in this event.

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 Event.

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, Cascade Bicycle Club Education Foundation, and Evergreen Mountain Bike Alliance, 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.

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

[NAME OF PARTICIPANT] [AGE] [NAME OF PARENT/GUARDIAN OF MINOR PARTICIPANT]

[DAYTIME PHONE] [EVENING PHONE] [EMAIL: for future events & camps]

[SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR PARTICIPANT] Date: _____

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.

PARTICIPANT'S EMERGENCY MEDICAL INFORMATION

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

1. Participant's Name _____

Parent's/Guardian's Name (of minor participant) _____

Address: _____

Phone: _____ Birthdate: _____ Date of most recent tetanus toxoid booster: _____

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

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):

Family Physician: _____
(Name) (Address) (Phone)

Insurance Company: _____ Policy Number: _____

List the 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	Daytime Phone	Evening Phone
2.	_____	_____	_____	_____
	Name	Relationship	Daytime Phone	Evening Phone
3.	_____	_____	_____	_____
	Name	Relationship	Daytime Phone	Evening Phone

YOU MUST ALSO READ AND SIGN PAGE ONE OF THIS AGREEMENT