

(organization)

BICYCLE SAFETY RODEO EDUCATION PROGRAM  
LIABILITY/ACTIVITY RELEASE FORM

I am aware that cycling is a potentially dangerous activity, involving risk of injury. To fully insure my safety throughout the Bicycle Safety Rodeo Education course, I recognize and assume the following responsibilities:

- I agree to wear a helmet, and obey traffic rules and regulations at all times while operating a bicycle during this program.***
- I acknowledge I am in good physical condition, with no medical impairments that would prohibit involvement in this training program. I realize this training program will involve physical activity in an outdoor setting.***
- I realize this training program will include on-bicycle participation, possibly including street and trail rides.***

By my signature below, I hereby recognize and assume all the risks associated with bicycling while participating in safety activities. I release the \_\_\_\_\_, its employees, agents, representatives and volunteers from any and all obligations, liabilities, claims, demands, costs and expenses, including attorney's fees, or demands of any kind and nature which may arise by or in connection with my participation in any Bicycle Safety Rodeo Education Program activity. The terms hereof serve as a release and assumption of risk for my heirs, estate, executor, administration, assignees, and for all members of my family.

\_\_\_\_\_  
(Child's Name - Print)

\_\_\_\_\_  
(Emergency Contact)

Parent or Guardian (Print Name)

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Emergency Telephone No.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Health Care Provider)

(Please fill this form out completely)

