



PERMISSION / ASSUMPTION OF RISK / RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.

Name of Participant _____	Date _____	
Age _____ Birthdate _____	M ___ F ___ School _____	
Parent/Guardian _____	Home Address _____	
City/Town _____	Zipcode _____	
Home Phone _____	Work Phone _____	Cell Phone _____
E-mail address _____		
Alternate Contact _____	Relationship _____	Phone _____

I hereby give permission for the above named child _____ to participate in Community Bicycle Center programs. Programs include Out/After School Drop in Bicycle Repair and Maintenance, on and off road Group Bicycle Riding, and Community Service projects. Participation in CBC programs may include swimming, fundraising, and going to public places. I hereby agree as follows:

Risks of Participation: I fully recognize that there are dangers and risks to which my/our child may be exposed by participating in Community Bicycle Center programs.

1. More specifically, I/We acknowledge and accept the following: There exists the possibility of sustaining minor injuries including sunburn, dehydration and sore feet/muscles as well as major injuries up to and including broken bones and even death as a result of participating in any of the activities in this program.
2. I/We accept full responsibility for any injuries or illness that my/our child may sustain in the course of the Program activities. I/We understand that the Community Bicycle Center, its board of directors, staff employees, and volunteers (collectively "CBC") do not require my/our child to participate in the Program, but I/We want my/our child to do so, despite the possible dangers and risks and despite this Release. I/We therefore agree to assume and take on all of the risks and responsibilities in any way associated with the Program.

Health & Safety:

I/We understand and agree that CBC does not have medical personnel available at the Facilities, which are the site locations for participation in the Program. I/We understand and agree that CBC is granted permission to authorize emergency medical treatment for my/our child, if necessary, and that such action by CBC shall be subject

