



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 _____ Apt.# _____
City/Town _____	Zipcode _____
Home Phone _____	Work Phone _____ Cell Phone _____
Participant Cell Phone _____	
Participant E-mail address _____	
Guardian 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 to the terms of this Agreement. I/We understand and agree that CBC assumes no responsibility for any injury, damage or cost which might arise

out of or in connection with such authorized emergency medical treatment.

I/We have consulted with a medical doctor with regard to my/our child's personal medical needs. There are no health-related reasons or problems that preclude or restrict my child's participation in this Program. I/We have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while my/our child participates in the Program.

Standards of Conduct:

My/our child will comply with the CBC rules, standards and instructions for youth behavior. I/We waive and release all claims against CBC that arise at a time when my/our child is not under the direct supervision of CBC or that are caused by my/our child's failure to remain under such supervision or to comply with such rules, standards, and instructions.

I/We agree that CBC has the right to enforce the standards of conduct described above, in its sole judgment, and that will impose sanctions, up to and including expulsion from the Program or from CBC, for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of CBC, the Program, the Facility or other participants. CBC has the right to make changes in the format and administration of the Program.

Assumption of Risk, Covenant Not To Sue, and Release of Claims:

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I/We agree, on behalf of our family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my/our child's participation in the Program. To the maximum extent permitted by law, I/We release, indemnify, and covenant not to sue CBC from and against any present or future claim, loss or liability for injury to person or property which my/our child may suffer, or for which my/our child may be liable to any other person, during his/her participation in the Program.

I/We have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. The laws of the state of Maine shall govern this agreement, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

x _____ Signature of Youth Participant Date _____

x _____ Signature of Parent/Guardian Date _____

PHOTOGRAPH / VIDEO RELEASE

The Community Bicycle Center takes pictures or videos of people participating in various CBC program activities. At times, photographers and camera operators from the news media will also take images of the Community Bicycle Center participants. We need your permission to display these images. We would like to use these images on bulletin boards in the CBC bike shop; in the Community Bike Center literature and stationery; at conferences and workshops; and we would also like to use the images to publicize the work of the participants in newspapers, magazines, professional publications, and as part of the Community Bicycle Center website (www.communitybike.net).

____ **YES** I grant permission for images to be taken of my child/ward and used for display purposes outlined above

____ **NO** I do not grant permission for images to be used for display purposes nor on the Community Bicycle Center website.

EMERGENCY MEDICAL FORM
Community Bicycle Center

Health History and Examination Form for Youth

Information on this form is gathered to assist us in identifying appropriate care.

Name: _____ Birthdate _____ Sex _____ Age _____
Last First MI.

Parent/Guardian: _____

Home _____ Phone # _____
Street & Number City State Zip
Cell phone # _____

Second Parent/Guardian or Emergency Contact: _____

Home _____ Phone # _____
Street & Number City State Zip
Cell Phone # _____

Health History:

(Check & Give approx. dates)

_____ Frequent ear infections
_____ Heart Defect/Disease
_____ Convulsions
_____ Diabetes
_____ Bleeding/Clotting Disorders
_____ Hypertension
_____ Mononucleosis

Diseases

_____ Chicken Pox
_____ Measles
_____ German Measles
_____ Mumps

Allergies (dates not needed)

_____ Hay Fever
_____ Ivy Poisoning, etc.
_____ Insect Stings
_____ Penicillin
_____ Other Drugs
_____ Asthma
_____ Others (*specify*)

Operations or serious injury (*dates*) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (*parent/guardian needs to bring meds in original container with instructions*) _____

Any physical or emotional challenges that may interfere with activity? _____

Name of Family Physician _____ Phone #: _____

Name of Dentist/Orthodontist _____ Phone #: _____

Do you carry family medical/hospital insurance? YES / NO

If so, indicate: Carrier _____ Policy or Group # _____

***MUST BE COMPLETED FOR ATTENDANCE**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel to order X-rays, routine tests, treatment to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/or my child/ward. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian _____ Date: _____