



Agreement to Participate and Release of Liability

TODAY'S DATE: _____

EVENT NAME: _____

EVENT DATE(S): _____

NAME: _____

AGE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

IF PARTICIPANT IS A MINOR:

PARENT NAME: _____

PARENT PHONE: _____

PARENT EMAIL: _____

The undersigned hereby acknowledge that by signing this Agreement, they are assuming risks and agreeing to indemnify, not to sue, and agreeing to release from liability the Washington Student Cycling League (the "WSCL"), it's chapters, subsidiaries, affiliates – including, but not limited to, it's officers, officials, agents, employees, coaches, leaders, instructors, volunteers, agents, sponsoring agencies, sponsors, members, participants, clubs, teams, riders and if applicable, owners and lessor's of premises used for activities (collectively referred to as "Releasees"). It is further understood that the undersigned are giving up substantial legal

rights.

In consideration of my voluntary participation in mountain biking events, the undersigned voluntarily makes the following agreements. The undersigned acknowledge that the sport of cycling, specifically mountain bicycling, is an inherently dangerous sport, including but not limited to dangers associated with man made obstacles or natural surface hazards, trees, logs, vegetation, water, pot holes, rocks, cold weather, extreme heat, rain, other bicycles, other riders, pedestrians, vehicles, fixed or moving objects, equipment failure, inadequate safety equipment, and use of equipment or materials provided. Safety equipment includes the use of a safety helmet, which the undersigned have selected and which satisfies the requirements of the WSCL, to protect against serious head injury.

The undersigned ACKNOWLEDGE AND FULLY ASSUME THE RISKS associated with participating in activities, as listed above and including the Releasees' own negligence and the negligence of others. The undersigned fully understand that mountain biking activities include the potential for serious physical injury, permanent paralysis and/or mental injury, disability or death, loss or damage to person or property associated with presence or participation in the activity. The undersigned understand that particular skills, equipment and personal discipline may reduce the risks, but that risk of serious injury exists

The risks include, among other things: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the

dangers arising from surface hazards, including trail irregularity, equipment failure, inadequate safety equipment, use of equipment provided by the WSCL, or others; dangers associated with man-made and natural jumps and stunts; motor vehicle accidents; the releases own negligence; the negligence of others; weather conditions; the possibility of serious physical and/or mental trauma or injury, or death associated with this program; slipping and falling; falling objects; water hazards; drowning; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life.

On behalf of self, spouse, heirs, executors, administrators, legal representatives, assignees, and successors in interest (hereinafter collectively "Successors"), the undersigned hereby RELEASE, INDEMNIFY AND HOLD HARMLESS the Releasees. The undersigned hereby waive any and all rights and claims, including claims arising from the Releasees' own negligence, which the undersigned has, or which may hereafter accrue, and from any and all damages which may be sustained by the undersigned directly or indirectly in connection with, or arising out of, participation in or association with the events, including any activities incidental thereto, wherever or however the same may occur.

The undersigned participant agrees that it is their sole responsibility to be familiar with the event course and agenda and the Releasees' rules and



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any special regulations for the event. The undersigned agree to comply with Releasees' rules and regulations/stated and customary terms and conditions for participation. The undersigned participant agrees to ride and otherwise participate so as to neither endanger myself or others. If the undersigned participant observes any unusual significant hazard during my presence or participation, the participant will remove himself or herself from participation and bring to the attention of the WSCL, said hazard immediately. The undersigned participant accepts full responsibility for the condition and adequacy of my equipment or any equipment provided for use. The undersigned participant agrees to wear a helmet, which satisfies the requirements of Releasees' racing rules and regulations, the purpose of which is to protect against serious head injury, and the undersigned assume all responsibility and liability for the selection of such a helmet.

The undersigned participant hereby certifies that I have no physical or medical condition, which would endanger myself or others, or interfere with my ability to safely participate in this event.

The undersigned agree, for self and successors, that the above representations are contractually binding, and are not mere recitals. The undersigned understand that if claims are made against Releasees that the undersigned will be responsible for any costs and fees incurred by Releasees in defending the claims.

This Agreement may not be modified in any way, and not orally. This Agreement shall be effective

for injuries now or which may hereinafter occur in the future, whether known or unknown.

The undersigned hereby agrees to hold harmless any and all Releasees, from any liability for ordinary negligence.

The undersigned hereby expressly agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any disputes arising out of this Agreement to Participate and Release of Liability shall be resolved under Washington law and in a venue of competent jurisdiction located within the State of Washington.

CONSENT AND RELEASE OF PARTICIPANT

I have read the above carefully before signing and understand its terms, including giving up substantial legal rights.

_____	_____
Dated	Signature of Participant
_____	_____
Printed Name	Date of Birth

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of _____,

a minor (Participant). I agree that the Participant may participate in the Washington Student Cycling League program and is fit for participation in the sport of mountain biking. I have read and understand the above Agreement, and agree to the Release of Liability as set forth above. In consideration of allowing my child to voluntarily participate, I consent to the Agreement and its terms shall likewise be binding on me, my child, my heirs, legal representatives and assignees. I hereby, for myself, my child and my heirs, HEREBY RELEASE, INDEMNIFY, and HOLD HARMLESS the Releasees, whether or not arising from the negligence of the Releasees.

I hereby release for myself and my child, and shall defend, indemnify and hold harmless the Releasees from any and all claims of liability that I or my child may allege against Releasees, (including reasonable attorneys fees and costs), as a direct or indirect result of injury or death due to my child's participation in the activities offered by Releasees, whether caused by the negligence of the Releasees or others.

I have read the above carefully before signing and understand this waiver.

_____	_____
Dated	Signature of Parent/Guardian



Medical Consent

I hereby authorize Washington Student Cycling League, if after a reasonable attempt has been made to reach a parent, guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant. I agree to pay for any such treatment and to reimburse Washington Student Cycling League for all costs and expenses it may incur related to such treatment.

_____ Dated _____ Signature of Participant _____ Printed Name _____ Date of Birth

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of _____, a minor (Participant). I have read and understand the above Release, and agree to Medical Release.

I have read the above carefully before signing and understand this release.

_____ Signature of Parent or Legal Guardian _____ Printed Name _____ Date



Photo / Video / Media Release

Washington Student Cycling League (WSCL) regularly reproduces photographs and video of participants and volunteers in its promotional, fundraising and marketing materials as well as on its website in order to promote and raise funds for the organization. Washington Student Cycling League would like permission to be able to use and reproduce one or more photographs of you for this purpose and is seeking your consent to do so.

I give my consent for Washington Student Cycling League or its business associates (such as advertising or public relations agencies) to make, use and/or release any interviews, photographs, videos, movies or other images of the Participant created under this authorization for educational, publicity, or marketing purposes; and to use the Participant's name in connection therewith. Educational, publicity, or marketing purposes include use in or release to newspapers, radio, Web sites, video, other electronic media, print media, advertising, brochures or other material available to Washington Student Cycling League member or the general public. I understand that myself or the Participant will not be paid in any way, nor will Washington Student Cycling League, for using this material. I give consent for the Participant to be interviewed and/or photographed by a Washington Student Cycling League approved third party (such as newspaper or TV station). I understand that Washington Student Cycling League does not control the use of the Participant's interview or image by a third party (such as newspaper or TV station). I understand that Washington Student Cycling League does not control the use of the Participant's interview or image by a third party (such as newspaper or TV station) and once the participant gives an interview or have the picture taken privacy laws may no longer protect it. For example, Washington Student Cycling League does not control how reporters use the information given to them in an interview.

_____ Dated _____ Signature of Participant _____ Printed Name _____ Date of Birth _____

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of _____, a minor (Participant). I have read and understand the above Release, and agree to the Photo/Video/Media Release.

I have read the above carefully before signing and understand this release.

_____ Signature of Parent or Legal Guardian _____ Printed Name _____ Date _____



Survey Consent of Minor

I am the parent or legal guardian of _____, a minor (Participant). I understand Participant may complete a confidential pre- and post-program survey at the beginning and conclusion of the program. The survey measures student attitudes toward school, family, self and peers as well as personal outcomes and opinions. Participant will not be asked to provide his/her name on their survey. The purpose of the survey is to measure any group attitudinal and health changes that occur because of participation in the Washington Student Cycling League program.

I further understand that Participant may be asked to provide feedback after the Student Leadership Summit and/or a Rider Clinic.

Signature of Parent or Legal Guardian

Printed Name

Date