



YOUTH WAIVER
TO BE FILLED OUT BY **PARENT/GUARDIAN**



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND PARENTAL CONSENT AGREEMENT FOR THE SANTA BARBARA BICYCLE COALITION (SBBIKE) AND THE COALITION FOR SUSTAINABLE TRANSPORTATION (COAST)

PARENT/GUARDIAN

First & Last Name

Email

Phone Number

EMERGENCY CONTACT

(if different from parent/guardian)

Emergency Contact Name

Emergency Contact Phone

Relationship to Participant

PARTICIPANT-1

First & Last Name

Gender

Age

School

Allergies

Physical Limitations or Medications Currently Taken

PARTICIPANT-2 INFORMATION (IF NECESSARY)

First & Last Name

Gender

Age

School

Allergies

Physical limitations or Medications Currently Taken

Helmets are required for all riders under the age of 18. The Santa Barbara Bicycle Coalition (SBBIKE) and the Coalition for Sustainable Coalition (COAST) strongly recommend that all cyclists wear a United States Consumer Product Safety Commission (CPSC) approved helmet during bicycling events.

TERMS & CONDITIONS

In consideration for permission for the above stated minor ("Minor") to participate in any of the above events, activities or classes ("Events"), the Undersigned parent/guardian accepts, for myself, the Minor, our heirs, administrators, executors, and assigns, ("collectively "Undersigned") agrees as follows.

The Undersigned is aware of the inherent risks of injury, disability, death, and property damage involved in participation in the Events and fully understands that participation in the Events involves the risk of illness, personal injury, disability, death, communicable diseases, illnesses, viruses, or property damage. The Undersigned hereby acknowledges that the Undersigned is voluntarily participating in the Events and agrees to assume any such risks without limitation, including the risk of negligent instruction or supervision.

In the event of injury or illness to the Undersigned during the Events, the Santa Barbara Bicycle Coalition (SBBIKE) and the Coalition for Sustainable Transportation (COAST) are authorized, on behalf of the Undersigned, to employ or utilize any emergency medical facility and the registered physicians or surgeons licensed under the provisions of the medical staff of the facility to perform any diagnosis or treatment SBBIKE & COAST deem necessary in their reasonable discretion. The Undersigned understands that the Undersigned is responsible for any and all medical bills and related charges incurred by SBBIKE & COAST in obtaining any treatment or diagnoses on behalf of the Undersigned.

THE UNDERSIGNED HEREBY RELEASES, DISCHARGES, AND AGREES NOT TO SUE SBBIKE or COAST, their officers, employees, agents, representatives, and volunteers, for any and all injury, disability, death or damage to or loss of personal property, arising out of, in connection with, participation of the Undersigned in the Events from whatever cause, including, but not limited to, the active or passive negligence of SBBIKE & COAST, third parties, or any other participants in the Events, the Undersigned's travel to or from the Events, and any exercises of authority by SBBIKE & COAST in obtaining any medical diagnosis or treatment on behalf of the Undersigned ("Claims"). This agreement shall not release any party from any act or omission of "gross negligence" or "willful misconduct" as those terms are used in applicable case law and/or statutory provision.

THE UNDERSIGNED HAS CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. THE UNDERSIGNED IS AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGNS IT ON HIS/HER OWN FREE WILL.

PHOTO/VIDEO WAIVER (OPTIONAL)

Use of photos and videos: The Undersigned hereby grants SBBIKE and COAST, without expectation of compensation of any kind, the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of the Undersigned or in which the Undersigned may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

Yes

No

CERTIFICATION (REQUIRED)

I am 18 years of age or older and I hereby warrant and certify that I am the parent or guardian of the Minor, and do hereby give my consent, without reservation, to the foregoing on behalf of the Minor.

Yes (Required)

Parent Signature

Date

Santa Barbara Bicycle Coalition
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(805) 845-8955
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