



## ADULT WAIVER



RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR THE SANTA BARBARA BICYCLE COALITION (SBBIKE) AND THE COALITION FOR SUSTAINABLE TRANSPORTATION (COAST) (this form is to only be used for Individual Adults, age 18 or over)

### PARTICIPANT

First & Last Name

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Email

Phone Number

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Allergies or Physical Limitations

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### EMERGENCY CONTACT

Emergency Contact Name

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Emergency Contact Phone

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Relationship to Participant

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Please check at least one of the activity boxes from the list below:

Volunteer at Bici Centro Santa Barbara

Check Here

Volunteer at Bici Centro Santa Maria

Check Here

Assist with youth bicycle education (e.g., during school, after-school, week-end, school break, etc.)

Check Here

Provide bike valet services at community events

Check Here

Attend a workshop taught by an instructor (Confident City Cycling, Learn Your Bike, etc.)

Check Here

Participate in a community bike ride (must obey all traffic laws)

Check Here

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 being permitted to participate in any of the above selected events, activities or classes (“Events”), the Undersigned accepts, for myself, my heirs, administrators, executors, and assigns, (collectively “Undersigned”) agrees as follows.

The Undersigned fully understands that participation in the Events exposes me to the risk of illness, personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in the Events and agree to assume any such risks.

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 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 UNDERSTANDS 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 give my consent, without reservation, to the foregoing.

Yes (Required)

Participant Signature

Date