



Bike Education (one form per family)



TO BE FILLED OUT BY **PARENT/GUARDIAN**
PLEASE return completed forms before bike event

Name of Parent/Guardian

Youth Name(s) ----- **Age(s):** -----

Street Address -----

City, State and Zip -----

Phone: ----- Mobile : -----

E-mail: -----

VIDEO-PHOTO RELEASE

I understand that teachers (or volunteer professional photographers) may take pictures and videos of my family during the program. At times, photographers and camera operators from the news media may also take images of my family. I agree that photographs of my family, including video photography, may be used without charge by the Santa Barbara Bicycle Coalition/Bici Centro, producers, sponsors, organizers in order to publicize the program on the website, in the media, in our newsletter and various other materials that exhibit the success of the program.

YES **NO** (please circle)

RELEASE FOR ALL PARTICIPANTS: Helmets are required for all riders under the age of 18. SBBIKE strongly recommends that all cyclists wear a helmet.

I am aware of the risk of bicycling and otherwise participating in this event and voluntarily assume such risk. In consideration of being permitted to participate in this event: 1. I release for myself, my heirs, and personal representatives, the League of American Bicyclists, Inc., and the respective Santa Barbara Bicycle Coalition directors, officers, volunteers, instructors, and staff (Indemnities) from any claim, liability, demand, action, and cause of action whatsoever (collectively, "Claim") arising out of or related to any loss, damage or injury (collectively, "Loss"), to myself or my property, that I may sustain in connection with, or arising out of, this event; 2. If registrant is a minor, I (as parent or guardian) agree to indemnify and hold harmless each Indemnities against any claim for any Loss said minor may sustain in connection with or arising out of, this event, and against legal or other expenses incurred by any Indemnity in connection with defending any Claim by or on behalf of said minor for any such Loss; 3. I consent to emergency medical treatment for my family if injured; 4. I shall instruct my family to obey traffic laws and practice safety in bicycling; and 5. I shall instruct my family to wear a CPSC approved helmet on all bike riding activities at this event.

Parent's Signature: ----- **Date:** -----