



Cycling Club

Goal:

To teach participants effective and safe bicycling techniques, to drive with confidence on public roads, and promote cycling for fun and good health

When:

The 6 week Cycling Club will be offered **every Thursday after school** beginning on September 22 and ending on October 27 to students in grades 5-8

Time: 2:45-4:00pm

Parents/Guardians are responsible for picking up the participant no later than 4pm. As well, depending on the number of participants, they may need to bring their own bike and/or safety helmet. Transportation must be prearranged before students arrive at school on Thursday.

- **If the weather does not cooperate students will be asked to notify you of cancellation, so please be available on cycling day to receive calls should this arise.**

Student Requirements:

Student must wear a properly fitting helmet at all times while on bike, use caution and follow directions while on road and trails, bring a water bottle for hydration

Parent/Guardian:

Sign Liability Release and Emergency Contact Form if child(ren) will be participating (**please return by Friday, September 16th**), prompt pickup weekly

Thank You!

Mrs. MacEachern

**MINOR RELEASE AND WAIVER OF
LIABILITY AND INDEMNITY AGREEMENT
Emergency Information**

Tabusintac School After-School Cycling Club

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

IN CONSIDERATION of my child _____ (provide name; hereafter referred to as the Minor Participant) being permitted to participate in any way in the **Tabusintac after School Cycling Club** I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Cycling Activities and that the Minor Participant is qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the actions, or inactions, the actions or inactions of the Minor Participant or others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my child's participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Ride Coordinator, the Ride Assistants, the School District, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS;

AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

NAME OF MINOR PARTICIPANT(S) (Print)

PRINT NAME OF PARENT OR GUARDIAN

Emergency Contact Phone Numbers:

Signature of Parent or Guardian