# **Adult Learn to Ride Waiver**

## ***All participants must read and sign this waiver.***

In consideration of being permitted to participate in the Adult Learn to Ride, led by the Organization <insert name here>, I, for myself, my personal representative, assigns, heirs, and next of kin:

1. Acknowledge, agree and represent that I understand and know that bicycling is a sport carrying significant risk of personal injury and I know that there are natural and man-made obstacles, hazards, surface and environmental conditions and risks which, in combination with my actions, can cause me severe or fatal injury, I also agree that I, and not the Organization or partner organization members, staff, volunteers, contractors and sponsors, are responsible for my safety while I participate in or train for Adult Learn to Ride.
2. Hereby release, discharge, and covenant not to sue the Organization, sponsors, organizers, associated entities and all of their employees, directors, officers or any of the persons connected with the Adult Learn to Ride program (Here in after the Releases), from all liability, claims, demands, losses or damages on my account caused in whole or in part by negligence of the Releases or otherwise.
3. **Agree to wear an approved bicycle helmet during this event.**
4. Agree that this Release and Waiver shall be valid for and apply to all activities and events connected with the Adult Learn to Ride during the year in which my signature is dated below.

Name:­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 

# 

# **Photo Release Form**

The Organization <insert name here> has my permission to use my photograph publicly to promote Adult Learn to Ride Classes. I understand the Organization may take images and/or videos of program participants during Adult Learn to Ride activities for use in educational or promotional materials in print, multimedia, or web form including presentations and social media. Photos and videos will only be used for purposes related to Organization programs and their partners' programs. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Please check the box below to indicate whether you do or do not wish to grant the Organization and any partner organizations permission to use photos or videos of you taken during this program.

* I **DO** grant permission for the use of my photo/video
* I **DO NOT** grant permission for the use of my photo/video

Name:­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_