



Waiver and Release of Liability for Minors

I attest that:

- a) I am the parent or guardian of the minor named _____ (the named minor), who is fourteen (14) years of age or older,
- b) the named minor is competent to bicycle on public roads in traffic,
- c) I have checked the bicycle and associated equipment that the named minor will use to insure that it is in proper working order,
- d) the named minor will wear a CPSC or Snell approved helmet while riding his or her bicycle.

I discharge and release the Five Borough Bicycle Club (5BBC) and all sponsoring organizations, their respective agents, boards, commissions and any involved municipalities, employees and representatives of the foregoing, from all liability arising out of or connected in any way with the named minor’s participation in 5BBC day trips, whether or not caused by the negligence of any of the above parties.

I acknowledge:

- a) that cycling is a hazardous activity and carries with it the potential for death, serious injury and property loss.
- b) the 5BBC’s recommendation that I consult with a physician regarding the advisability of the named minor’s participation in 5BBC activities
- c) that medical or other services rendered to the named minor by or at the insistence of any of the parties mentioned above are not an admission of liability,
- d) that the named minor may be photographed during 5BBC activities and agree to allow his or her photo, video or film likeness to be used for any legitimate purpose by any of the parties mentioned above.

I have read and understand this Waiver and Release of Liability and agree to its terms in consideration of the named minor being allowed to participate in the following 5BBC day trip.

Trip Name Date

Signature Date

First Name M.I. Last Name

Address Apt.

City State Zip

Email Address

Day Phone Evg. Phone