

Band of Angels

Participant

Bike Camp Liability Release Form

By signing and enrolling my child/myself, I hereby expressly acknowledge that bicycling, like many activities involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. As the parent/guardian I accept such risks as reasonable and proper, and agree to hold harmless the staff and volunteers of Band of Angels, Lose the Training Wheels, Inc., Rainbow Trainers, Inc., and Bethesda Christian Church should injury or mishap occur.

I give permission for my child/myself to be photographed and/or videotaped by a Band of Angels representative or media for use in publicizing Lose The Training Wheels in print or electronic media. I acknowledge and agree that my child's/my participation in photographs and videos may be edited and used in whole or in part as desired for this program, which may be produced, duplicated, distributed and used for informational purposes. I understand and authorize the use of my child's/my name or identity in writing or otherwise in association with such purposes. I understand that photographs and video become the property of Band of Angels without compensation to my child/me.

I understand that data collected from this program by Lose The Training Wheels, Inc. will be used to run the camp effectively relative to appropriate progressions, bike sizing and behavior management. I acknowledge that Lose The Training Wheels, Inc. may contact me in the future for follow-up information pertaining to participant progress and status.

I have read and understand the Requirements for Participation and Indicators of Success and acknowledge that my child/guardian meets the parameters of the camp specifications.

Name of Participant (please print) _____

Parent or Guardian (please print) _____

Parent or Guardian Signature _____

Address _____

City/State/Zip _____

Email _____

Date _____

Participants Height _____ Weight _____

Disability _____