



## Bicycle Safety Rodeo Waiver and Release

**PARTICIPANT:** \_\_\_\_\_  
(PRINT CHILD'S NAME)

I wish to have my child participate in the **Bicycle Safety Rodeo**. I acknowledge that my child's participation is expressly conditioned on my agreement to the terms of this **WAIVER AND RELEASE** and I agree as follows (please initial below):

\_\_\_\_ I understand there are certain risks associated with participating in any event/activity, including the use of and participation in services made available to participants during the **Bike Safety Rodeo**. My child's participation in this event is a voluntary activity in all respects and I assume all risks of injury, illness, damages or loss that occur as a result of their participation.

\_\_\_\_ I agree to indemnify, defend, and hold the City-County Planning Commission (BikeWalkBG), Warren County Parks & Recreation, and/or Barren River District Health Department and its officers, agents and employees harmless from any and all claims arising from or in any way connected with my child's participation in the **Bike Safety Rodeo**.

\_\_\_\_ I **DO NOT** want my child to participate in the **Bicycle Safety Rodeo**.

I am the parent or legal guardian of the **PARTICIPANT** named above. I have read and fully understand this **WAIVER AND RELEASE** and voluntarily sign below. I understand that this **WAIVER AND RELEASE** is binding on **PARTICIPANT** and anyone entitled to act on **PARTICIPANT's** behalf, including me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

☐ Check box and provide the below information if you wish to receive periodic updates on events, activities, and/or programs offered by BikeWalkBG.

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

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

