



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Participant's name: _____ Age: _____ DOB: _____

Parent or Guardian Name (if participant is a minor) _____

Street Address: _____ City: _____ State: _____

Phone: _____ Emergency Name & Phone: _____

Insurance Company: _____ Policy # _____

IN CONSIDERATION of being permitted to participating in various programs, events, or activities (hereinafter collectively referred to as "Activities") operated or sponsored by Bike Temecula Valley (hereinafter referred to as "BTV") and Community Mission of Hope, (hereinafter referred to as "CMOH"), the undersigned, on behalf of him/herself, or the undersigned's minor child, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE BTV or CMOH, its officers, directors, agents, and employees and volunteers, from liability for any and all claims including the negligence of BTV or CMOH, it's officers, directors, agents, and employees and volunteers resulting in illness, bodily damage, personal injury (including death) and property loss arising from participation in these Activities.

The undersigned, on behalf of him/herself, or the undersigned's minor child, HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS BTV and CMOH, its officers, directors, agents, and employees and volunteers and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned, or the undersigned's minor child, in these Activities.

The undersigned, on behalf of him/herself, or the undersigned's minor child, HEREBY ASUMES FULL RESPONSIBILITY FOR AND RISKS OF ILLNESS, BODILY DAMAGE, PERSONAL INJURY (INCLUDING DEATH) AND PROPERTY LOSS due to the negligence of BTV or CMOH, its officers, directors, agents, and employees and volunteers or otherwise arising from participation in the Activities.

The undersigned, further expressly agrees that the following RELEASE, WAIVER AND IDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

The undersigned, on behalf of him/herself, or the undersigned's minor child, HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written have be made.

I HAVE READ THE RELEASE

DATE: _____ SIGNED _____

(Participant, if 18 years old, or Participant's parents/legal guardian if under 18) MEDICAL RELEASE FOR MINORS

I, _____, on behalf of _____ give my permission
(Participant or Participant's parent/legal guardian) (Participant)

For him/her to participate in Activities under the direction of BTV and CMOH. The undersigned, being a parent and/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the Activities, including transportation to and from the Activity site.

This authority if granted only after a reasonable attempt has been made to contact me. As a Parent or legal guardian, I hereby agree that I am financially responsible, either personally or through my health insurance plan, for any medical treatment given to my child.

Specific medical allergies, chronic illness or other conditions: _____

Signed: _____ Dated: _____
(Participant's parent/legal guardian)