



Liability Waiver & Media Release

Liability Waiver

The undersigned hereby recognizes that bicycling is not an absolutely safe sport or mode of transportation, and that accidents can and do occur, including injuries that may be serious and permanent, despite all reasonable care. In consideration of the services to be rendered to the undersigned by Washington Area Bicyclist Association (referred herein as "WABA") and its partners, KIPP DC, and Gearin Up Bicycles, and any additional partners not listed herein. The undersigned for him/herself and his/her heirs, personal representatives and assignees, hereby Releases and Forever Discharges WABA, and any of their employees, volunteers, successors, assigns, trustees, officers and agents, from any and all present and future claims, demands, obligations, liabilities, and rights of any action whatsoever, INCLUDING CLAIMS OR RIGHTS BASED ON NEGLIGENCE OR CARELESSNESS, whether known or unknown, which might be asserted against WABA and any of their employees, volunteers, successors, assigns, trustees, officers and agents, related to or by any reason of any occurrence, event, transaction, matter, cause, fact or thing arising from but not limited to bicycle instruction, bicycle training, bicycle repairs, bicycle mechanics, bicycle safety instruction, bicycle rides, bicycle tours, bicycle competition, and any other indoor or outdoor activity or field trip conducted under the supervision of WABA.

By signing this form, the undersigned, being a person of at least eighteen (18) years of age acting on behalf of the following Participant as Self, Parent, or Guardian, I acknowledge my understanding of the foregoing, that I am signing this form voluntarily, and that I give WABA and any of their employees, volunteers, successors, assigns, trustees, officers, and agents the power to authorize medical care for the participant. I also acknowledge that the participant should properly use a bicycle helmet whenever riding a bicycle.

Participant: _____

Signature of Parent/Guardian: _____

Date: _____



Media Release

In consideration of the opportunity to participate in the programs offered by WABA, I hereby give permission to WABA, its employees, affiliates, representatives, contractors, agents and members of the media to interview, audiotape, photograph, videotape, film, or capture by any other electronic means my/my child's image and speech, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein for the purpose of promoting the objectives of Bike Camp! and/or WABA.

Signature of Parent/Guardian:

_____ Date: _____