



SCHOOLS PARTICIPANT ASSUMPTION OF RISKS AGREEMENT

Please print all details clearly below:

| | |
|-------------------------|---|
| School Name: | Date: |
| Parent Name: | Parent Phone: |
| Parent Email: | |
| Email Sign Up: Y / N | If Yes, you may receive periodic updates about local youth cycling events |
| Address: | |
| City: | Postal Code: |
| Participant First Name: | Participant Last Name: |
| Gender: | Birth date: Year: Month: Day: |

SCHOOLS PARTICIPANT

(Date of Birth after January 1, 2002 for those junior and youth participants 16 and Under Years of Age, where SCHOOLS PARTICIPANT is a Canadian Resident and has valid Federal or Provincial Hospital or Medical Coverage such as British Columbia Medical Services Plan coverage.

Please read, initial, sign and date SCHOOLS PARTICIPANT ASSUMPTION OF RISKS AGREEMENT.

If you are under 19 years of age, then please have your parent or guardian read, initial and date SCHOOLS PARTICIPANT ASSUMPTION OF RISKS AGREEMENT.

ASSUMPTION OF RISKS

Cycling British Columbia (hereinafter referred to as "Cycling BC") cycling-based learning program, the iRide Schools Program (hereinafter referred to as the "Program") involves a variety of emotional and physical activities that may include group discussions, games, problem-solving initiatives, physical activities such as riding bicycles over variable terrain including grass fields, gravel fields, asphalt and forest trails as well as other emotional and physical adventure activities. Some of the physical activities may involve riding obstacle courses, playing cycling games, and group riding. If a student cannot supply a bicycle and/or helmet in good working order, Cycling BC will provide a functioning unit for the duration of the program. Participants in these cycling activities must wear their helmet at all times. Trained instructors/ facilitators teach appropriate safety skills, use of safety equipment and supervise course participation as the group proceeds through the program. Even so, some physical risk is inherent to such activities and must be assumed by the Participant.

BY SIGNING THIS DOCUMENT YOU UNDERSTAND CYCLING BC'S IRIDE SCHOOLS PROGRAMS MAY INVOLVE RISKS.

I, the undersigned Participant, or parent/guardian of the Participant, if the Participant is under the age of nineteen (19) years, hereby ACKNOWLEDGE, WARRANT, and REPRESENT that:

I have read and understood the description of the Program above and I am aware that the Program includes participating in activities on a bicycle over variable terrain including grass fields, gravel fields, asphalt and forest trails. I am aware that participation in the Program involves the inherent risk of DEATH or SERIOUS PERSONAL INJURY from dangers and hazards associated with the Program including but not limited to: changing weather conditions; mechanical failure of bicycles; falls; loss of balance; high speed descents; difficulty or inability to control one's speed and direction; rapid or uncontrolled acceleration on hills and inclines; extreme variation in cycling terrain including steep or slippery sections, trees, roots, tree stumps, logs, cliffs, rocks, rock drops, loose gravel, holes, depressions, streams and creeks; constructed features such as bridges, ramps, ladders, bumps, berms, jumps, and drops; collisions with natural and constructed objects, other participants, vehicles, pedestrians, spectators and officials; encounters with domestic or wild animals; negligence of other persons; and NEGLIGENCE ON THE PART OF THE RELEASEES.

I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF CYCLING ACTIVITIES.

- I understand that the Program may be physically and/or emotionally demanding and freely accept and fully assume all risks and the possibility of any resulting personal injury, loss or damage.
- I am aware that the Program will be offered and supervised by Cycling BC's iRide Program
- I have completed a Medical Disclosure Form and the Participant does not suffer from any undisclosed physical or mental condition that might impede the Participant's ability to participate in the Program.
- I am aware that the level of participation in the Program is entirely at the discretion of the individual Participant and the Participant may at any time decline to take part in any or all of the activities associated with the Program.
- I am aware that neither Cycling BC nor Cycling BC's iRide Program carry medical or dental insurance for the Participant, and it is my responsibility to arrange for insurance for the Participant as I see fit.
- I acknowledge the additional risks associated in participating without the use of a helmet, in the case that it would interfere with an essential religious practice.

Any medical information our coaches should know about?

PARTICIPANT'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____
(If participant is under 19 years of age)

DATE: _____



PHOTOGRAPHY CONSENT FORM FOR MINOR CHILDREN (Under 19)

I, _____, parent / official guardian of (child's name) _____ hereby grant permission to representatives of Cycling British Columbia (Vancouver based not-for-profit society) to take and use photographs, film and/or digital media of my child for use in the news releases and /or educational materials as follows: printed publications or materials, electronic publications, or websites. I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation. All negatives, prints, digital reproductions shall be the property of Cycling British Columbia of Vancouver.

PARTICIPANT/PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(If participant is under 19 years of age)