



Bicycling Try-Its Waiver and Release

Event: Bicycling Try-Its

Date: _____

PLEASE READ & SIGN WAIVER: By indicating your acceptance, you (on behalf of yourself and/or minor child/ward) understand, agree, warrant and covenant as follows:

Liability and Publicity release: I acknowledge Bicycling is a potentially hazardous activity, and I should not engage in bicycling unless I am medically able to do so and possess the requisite knowledge, skills and experience to safely engage in the activity. I agree (on behalf of myself and minor child/ward) to utilize appropriate safety equipment, including but not limited to a bike helmet. I further agree to refrain from the use of alcohol and any illegal drugs before or during bicycling. I assume all risks associated with bicycling in this event including, but not limited to: falls, trips, struck by, struck against, compressed in, caught in between, entangled, rubbed, abraded or jarred by vibration from equipment or materials, trail and course conditions, traffic, effects of weather, contact with other participants or the natural environment or other cycles or vehicles, misuse or failure of equipment, illness, disease, or infection and agree for myself (and on behalf of my minor child/ward) to fully release, hold harmless and indemnify the Board of Park Commissioners of the Cleveland Metropolitan Park District, its commissioners, officers, employees, agents, sponsors, partners, contractors, and volunteers; from any and all claims related to any illness, injury (jointly, the "Releasees"), including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or in any way associated with, my (my child's/ward's) participation in this activity, even though liability may arise out of the negligence or carelessness of the Releasees. I authorize (on behalf of myself and my child/ward) Cleveland Metroparks to provide first aid as required. I further give my permission for the free use of my (my child/ward) name, voice recording, or photo in any print account broadcast, telecast, or commercial advertising of the event or for other commercial purposes of the Releasees. This document shall be interpreted according to the laws of the State of Ohio. I agree that the use of the words "I," "my," "mine" and "myself" includes both acceptance and acknowledgement on behalf of myself and my child/ward if I am signing for such child/ward.

By indicating your acceptance, you understand, agree, warrant and covenant for yourself and, if applicable, for your minor child/ward, as follows (If the participant is under 18 years of age, the parent/guardian must sign).

PARTICIPANT NAME (PRINT)	SIGNATURE and relationship if signing on behalf of a minor	AGE (Minor's Only)	YOUR PHONE NUMBER	EMERGENCY CONTACT (Name & Phone Number)	DATE
1.					
2.					
3.					
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5.					
6.					
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10.					
11.					



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