



# CLEVELAND METROPARKS

## Fat Bike Race & Celebration

### WAIVER AND RELEASE

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: M  F

Parent/Guardian Name (if applicable): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (cell) E-mail: \_\_\_\_\_

#### **Event: Fat Bike Race & Celebration, February 23, 2019**

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 know riding a fat bike is a potentially hazardous activity, and I should not engage in riding a fat bike unless I am medically able to do so and properly trained. I agree (on behalf of myself and minor child/ward) to utilize appropriate safety equipment, including but not limited to a bike helmet. I assume all risks associated with riding a fat bike 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 and materials, course conditions, effects of weather and contact with other participants or the natural environment. I further 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 officers, employees, agents, sponsors, and volunteers as well as local bike shops providing the fat bikes including but not limited to Eddy's Bike Shop, Century Cycles, and the Broadway Cyclery from any and all claims related to any illness, injury, 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 the Fat Bike Race & Celebration event. In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Cleveland Metroparks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks' choice. I am aware staff/volunteers may provide support for this program/event, including but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated external defibrillator). 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.

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).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_