



RIDES PARENTAL CONSENT FORM

**for Minor Accompanied by Non-Custodial Adult OR
Unaccompanied Minor ages 16-17**

(PARENT OR LEGAL GUARDIAN must get permission of ride leader at least 24 hours in advance for any unaccompanied 16 or 17-year-old)

I, the undersigned, am aware that, during any ride, certain dangers are inherent in riding a bicycle. By authorizing my child's (or minor participant's) participation in this ride, I certify that I and he/she are aware of all the inherent dangers of bicycle riding and the safety rules of the road applicable to bicycles. I understand that CPSC, SNELL, ANSI, or ASTM-certified bicycle helmets are required to participate in this ride, and I agree that my child (or minor participant) will wear a helmet at all times while participating in this event. It is my sole responsibility to ensure that my child's helmet meets CPSC, SNELL, ANSI, or ASTM standards.

I understand that it is not the function of the ride leaders or other Cascade Bicycle Club officers or agents to serve as guardians of my child's (or minor participant's) safety. I warrant that my child (or minor participant) is in good physical condition and is a sufficiently competent bicyclist to handle road, weather, and traffic conditions that may be encountered on any bike ride. I also understand that he/she is to furnish his or her own equipment and that I am responsible for its safety and good operating condition.

I understand and agree that neither Cascade Bicycle Club, its officers or agents, nor the ride leader(s), or other volunteers, may be held liable in any way for any occurrence or accident in connection with said ride, and I further agree to save and hold harmless the Cascade Bicycle Club, its officers and agents, and the ride leader(s) from any claim by me, my family, estate, heirs or assigns arising out of my child's participation in this ride.

I understand that the Cascade Bicycle Club does not sponsor or endorse any non-bicycling activities that people may participate in while on a Cascade Bicycle Club bicycle ride and that my child is responsible for his or her own conduct and decisions while participating in a Cascade Bicycle Club bicycle ride or in any non-bicycling optional activities. I agree to participate in a safe, courteous and cooperative manner while on this ride.

Cascade Bicycle Club reserves the right to remove any rider who is deemed by an authorized club agent to be endangering himself/herself or others or is riding illegally as defined by Washington State traffic law. Notwithstanding this clause, Cascade Bicycle Club is not responsible for cyclists not removed from the event for any of these reasons and this clause shall in no way supersede, exempt participants from or otherwise nullify any other clause in this release agreement.

I further state that I am of lawful age and legally competent to sign this affirmation and release. I understand that the terms of this document are contractual and not a mere recital, and I have signed this document as my own free act.

I have fully informed myself of the contents of this affirmation and release by reading it before I sign.

If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to HOLD HARMLESS and INDEMNIFY the entities named above for any claims brought on behalf of the minor.

I, the undersigned, understand that all minors under the age of 16 must be accompanied by a guardian who is responsible for them and their conduct. I, the undersigned, give my permission for a non-custodial guardian (whose name and address and signature is on the line below) to fulfill duties of parent/legal guardian as listed in this waiver.

I understand that unaccompanied youth ages 16 or 17 are responsible for their conduct as detailed above and must obey directives of the ride leader(s) or other club officials.

MY SIGNATURE GUARANTEES THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND IT.

Signature: Parent/legal guardian _____ Date: _____

Consent for medical care and treatment of a minor: by signing above I authorize medical treatment for the minor registering and agree to be responsible for any costs associated with such treatment.

Print name and address: _____

Signature of Minor Participant: _____ Date: _____

Print name of Minor: _____

Signature of temporary guardian (if required) _____ Date: _____

Print name and address of temporary guardian _____