

Westergard Elementary School

1785 Ambassador Drive

Reno, NV 89523

Westergard Bike Club Waiver/Release Form

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Participant Name

Date of Birth

In consideration of \_\_\_\_\_, myself/my child, participating in any way at the Westergard Bike Club events and activities, the undersign acknowledges and agrees that:

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate in the 2016-2017 school year Westergard Bike Club.

I further acknowledge and understand and agree that by participating in the Westergard Bike Club there is a possibility of physical illness or injury (minimal, serious. And catastrophic) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of the Bike Club to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter which may be necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatments are my responsibility.

I agree to protect, defend, indemnify and hold Westergard Bike Club, including its staff, employees, sponsors and volunteers from and against any and all claims, demands, losses, suits, liabilities, cost or other damages including court cost or attorney fees arising from an injury or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising out of or in connection with and damage to third parties occasioned by, incidents to, arising out of, or in connection with my sons/daughters participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any Medical History or Details: \_\_\_\_\_