



Liability Waiver & Media Release

Liability Waiver

The undersigned hereby recognizes that bicycling is not an absolutely safe sport or mode of transportation, and that accidents can and do occur, including injuries that may be serious and permanent, despite all reasonable care. In consideration of the services to be rendered to the undersigned by Washington Area Bicyclist Association (referred herein as "WABA") and its partners, KIPP DC, and Gearin Up Bicycles, and any additional partners not listed herein. The undersigned for him/herself and his/her heirs, personal representatives and assignees, hereby Releases and Forever Discharges WABA, and any of their employees, volunteers, successors, assigns, trustees, officers and agents, from any and all present and future claims, demands, obligations, liabilities, and rights of any action whatsoever, INCLUDING CLAIMS OR RIGHTS BASED ON NEGLIGENCE OR CARELESSNESS, whether known or unknown, which might be asserted against WABA and any of their employees, volunteers, successors, assigns, trustees, officers and agents, related to or by any reason of any occurrence, event, transaction, matter, cause, fact or thing arising from but not limited to bicycle instruction, bicycle training, bicycle repairs, bicycle mechanics, bicycle safety instruction, bicycle rides, bicycle tours, bicycle competition, and any other indoor or outdoor activity or field trip conducted under the supervision of WABA.

By signing this form, the undersigned, being a person of at least eighteen (18) years of age acting on behalf of the following Participant as Self, Parent, or Guardian, I acknowledge my understanding of the foregoing, that I am signing this form voluntarily, and that I give WABA and any of their employees, volunteers, successors, assigns, trustees, officers, and agents the power to authorize medical care for the participant. I also acknowledge that the participant should properly use a bicycle helmet whenever riding a bicycle.

Participant: _____

Signature of Parent/Guardian: _____

Date: _____



Media Release

In consideration of the opportunity to participate in the programs offered by WABA, I hereby give permission to WABA, its employees, affiliates, representatives, contractors, agents and members of the media to interview, audiotape, photograph, videotape, film, or capture by any other electronic means my/my child's image and speech, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein for the purpose of promoting the objectives of Bike Camp! and/or WABA.

Signature of Parent/Guardian:

_____ Date: _____



Bike Camp! Bicycle Inspection Form

In order to ensure the safety of participants, we require that all students who will ride their own bicycles during camp have their bicycle checked over by a professional mechanic PRIOR to the first day of camp. Your student will not be able to participate in camp activities if this form is not complete prior to the first day of camp.

Most bike shops will provide an inspection for free, but repairs will require payment. As an alternative to paying for repairs, many of the area cooperatives have Fix-Your-Bike programs in which community members may use shop tools and get assistance from volunteer mechanics for free or for a small fee. In Washington, D.C. you can try The Bike House or Gearin' Up Bicycles. For assistance in Virginia, please contact Phoenix Bikes in Arlington or Velocity Bicycle Cooperative in Alexandria.

Participant's Name: _____

Please check the following:

- Proper Fit (with student on bike)
- Brakes
- Wheels and tires (are they true?)
- Gears/Derailleurs/Chain
- Headset
- Tires
- Hubs (Cones)
- Cables

Mechanic's Notes:

I certify that I have inspected the participant's bicycle. It is in proper working condition and fits the rider.

Mechanic's Signature: _____

Date: _____

Company/Store Name: _____