

Troy Middle School Cycling Club Permission Slip & Waiver

In consideration of being permitted to participate in Troy Middle School's Cycling Club, I hereby agree and acknowledge that I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. Acknowledge, agree, and represent that I understand the nature of bicycling activities and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further acknowledge that the activity will be conducted over public roads and facilities open to the public during the activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue participation in the activity; and
2. Fully understand that: (a) the act of participating in bicycling or an activity, involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death or other adverse health consequences, theft or loss of property or property damage of any kind or nature whatsoever ("risks"); (b) these risks may be caused by my own actions, or inactions, or by the actions or inactions of others participating in the activity, the conditions under which the activity takes place, or the negligence of the "releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks as well as the risks above and I fully accept and assume all responsibility for personal injuries, losses, damages, costs and expenses I may suffer or incur as a result of my participation in the activity; and
3. Fully understand that participation in cycling includes possible exposure to and illness from infectious diseases including, but not limited to, MRSA, influenza, and COVID-19 (collectively "Infectious Disease Risk"). TMS Cycling Club is limiting the number of riders participating in rides, requiring masks when not actively cycling, and by this release instructing each rider to maintain social distancing during the activity including while riding because the effect of slipstreaming on transmission has not been addressed by the CDC. Each participant, by signing below represents that he/she does not have COVID-19 or other infectious diseases, does not have any symptoms of COVID-19 or other infectious diseases, including without limitation, fever, cough, or shortness of breath, and has not had exposure to COVID-19 or other infectious diseases within the last fourteen (14) days, which includes travel from highly impacted regions designated by the CDC or exposure to any person returning from highly impacted areas. Each participant, by signing below, agrees that he/she will avoid contact with other participants, will maintain social distancing and will wear a mask when not actively cycling. While particular rules and personal discipline may reduce this Infectious Disease Risk, the risk of serious illness and death due to Infectious Disease Risk does exist in spite of any such precautions; and
4. Release, discharge, and agree not to sue Lincoln County R-III, the directors and administrators of LCR3, LCR3's agents, volunteers, club members, club ride leaders, club ride director(s), club officers, club directors, other participants, any other sponsors, advertisers, promoters, and, if applicable, owners and lessors of any premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses or damages incurred as the result of my participation in the bicycling activity (including, but not limited to claims, losses, or damage caused or alleged to be caused, in whole or in part, by the negligence of a releasee or otherwise); and I further agree that if, despite this Release, I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any of the releasees may incur as the result of such claim; and

5. Agree to wear a helmet and safety vest while riding and to refrain from wearing headphones or earphones or playing music when participating in any ride. I also agree that the bicycle and any equipment I use to participate in any activity has been inspected and is in good, working and safe condition; and
6. Agree that I am solely responsible for my compliance with all traffic laws regardless of the conduct of other riders or ride leaders.

Student Printed Name: _____ Grade: _____

Student Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Guardians

I hereby give permission for my child to receive emergency treatment should it be deemed necessary, certify that my child is physically fit to participate in camp activities, and is free of communicable diseases. I also release Lincoln County R-III and staff from all financial responsibility resulting from injury and illness.

By signing this form, I/we hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising from my child's travel while participating in TMS Cycling Club. I/We further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my/our child as a result of his or her travel.

Guardian Printed Name: _____

Guardian Signature: _____ Date: _____

Guardian Phone Number: _____

Guardian Email Address: _____

Insurance Company: _____

Member ID: _____ Group Number: _____