



***Cycle For Education:
Cycling on the Nature Coast
State (Greenway) Trail
Saturday April 16, 2011***

LCSF Cycle for Education 2011 Registration Form

NAME: _____ AGE: _____ DOB: ___/___/___ SEX: M F

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ PHONE(S): _____ Shirt Size S M L XL XXL

LEVY COUNTY SCHOOLS FOUNDATION

CYCLE FOR EDUCATION WAIVER/RELEASE

I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I, or my minor child may have or which may hereafter occur to me or my minor child as a result of my or their participation in any bicycle rides conducted by the Levy County Schools Foundation-Cycle for Education on the Greenway Trails. This release is intended to discharge in advance the Levy County Schools Foundation, Department of Environmental Protection and the Department of Greenways and Trails or any member there of leading a ride for the Foundation from any and all liabilities arising out of or connected in any way with my participation or that of my minor child in any bike rides, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I certify that the level of my physical condition or that of my minor child is appropriate to participate in the Cycle for Education event and there is no known reason why I or my minor child should not participate. I further understand that serious accidents may occur during the bike ride and that participants in bicycle events may sustain mortal or serious personal injuries and/or property damages as a result of participation. I further understand that I or my minor child must wear proper safety equipment including, but not limited to, helmets, during all bike rides. Knowing the risks of bicycle riding, nevertheless, I hereby agree to assume those risks for myself or my minor child and to release and hold harmless all of the persons or entities mentioned above, who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is binding on my heirs and assigns.

Print Name of Participant

Signature of Participant

Date

Signature of Parent/Guardian of Minor

Date

Emergency Contact and Phone Number(s)

Special Medical Information