

**BIKE SHENANDOAH
CONSENT FORM AND RELEASE**

Event Description: Bike Shenandoah, a cycling fundraiser

Starting at Eastern Mennonite School
801 Parkwood Drive
Harrisonburg, VA 22802

Name of Participant (Please print):

This Event is being organized by the following charities (“Charities”) who will benefit from Event proceeds: Virginia Mennonite Missions, Stephen R. Leaman Memorial Endowment for Missions, Mennonite Central Committee, NewBridges Immigrant Resource Center, Our Community Place and Roberta Webb Childcare Center.

In consideration of being permitted to participate in the Event, the undersigned Participant agree(s), on their behalf and on behalf of all heirs or personal representatives, as follows:

- (a) I/we give our consent for our child to participate in the Event.
- (b) I/we acknowledge that the Event is a rigorous activity and that the Participant will not participate unless he/she is medically able to do so and is properly trained. I/we further acknowledge the risks associated with participation in this Event, including accidental injury or death resulting from fall, contact with other riders or contact with traffic along the route. I/we waive any and all additional notice of the existence of dangerous conditions associated with the Event, and I/we assume responsibility to exercise my/our own judgment in evaluating those risks and conditions. The Participant agrees to wear a properly fitting helmet and to obey the rules of the road while participating in the Event. I/we understand that participation in the Event is at the Participant’s own risk.
- (c) I/we hereby waive and release, to the fullest extent permitted by law, any and all claims, actions, or causes of action for any damages or loss for bodily injury, property damage or theft, wrongful death, or loss of services that I/we might have against any of Charities or any volunteer at or in connection with the Event arising out of my/our child’s participation in the Event, and I/we jointly and severally indemnify such Charities and volunteers for all costs, expenses, including reasonable attorneys’ fees, related to the same. THIS IS A RELEASE given in consideration for the Participant’s opportunity to participate in the Event.
- (d) I/we agree that none of the Charities nor any volunteer will be responsible for damage or loss of property belonging to the Participant.
- (e) I/we acknowledge that the Participant has his/her own health insurance coverage and that none is being provided by the Charities.

REQUIRED SIGNATURES

Print Participant’s Name:

Participant’s Signature:

Date:

Participant’s Contact #: