



**Ode to JoyRide and Children's Trike Ride for Education  
Sunday, October 8<sup>th</sup> 2017  
Waiver and Release Form**

Name of rider \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

- I wish to participate in the Ode to JoyRide and Children's Trike Ride for Education ("event"). In order to participate I waive and release any and all rights and claims I have against the Waldorf School of Philadelphia, their members, employees, and incorporators, any event sponsors, volunteers, and participants.
- This waiver and release is for me and anyone else making claims through me or based on their relationship to me. This waiver means I am giving up my right to sue or otherwise bring claims against event sponsors, volunteers, or participants including the Waldorf School of Philadelphia, its employees, agents and representatives, successors, assigns, heirs, executors, and administrators.
- I understand that there are risks inherent with bike riding on public streets and trails where hazards may exist. I also understand that there will be a large number of cyclists, some of whom are inexperienced, creating further hazards. I am voluntarily participating in this event with knowledge of the hazards involved and accept all risk of injury, inconvenience, harm, loss, or death. If I decide to leave the route, I understand that I am technically off the event for the day and literally on my own in regard to support and safety. I will not be supported before 8:30 am or after the route is closed at 11:00 am.
- I give the Waldorf School of Philadelphia permission to use my and any minor's name, photograph, voice, or likeness of me taken during the event on any promotional materials or publications. I consent to and authorize in advance such use and waive my rights of privacy I have in connection there with.
- I agree to wear a properly fitting helmet, will not drink alcohol or take drugs that may impair my ability to ride safely, and if applicable, will supervise any child under the age of eighteen in my care and for whom I sign this waiver. I agree to adhere to all other event rules and to conduct myself in a safe and prudent manner while participating in the event. I understand that the event organizers hold the right to dismiss anyone that may cause disturbance during this event or disregard the rules with respect to safety.
- I consent to permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for all related costs.
- I am physically capable of participating in the event and the equipment I will use will be in proper working condition. I acknowledge that I and I alone am solely responsible for my personal health, safety, and property I bring with me. I will read the event description and rules of participation in the event, and I will abide by all rules and regulations established by the event organizers and personnel as well as local vehicle codes.
- I agree that my continued participation throughout the event is subject to the sole discretion of representatives of the Waldorf School of Philadelphia and should I be requested to discontinue my participation for medical, safety, or any other reason, I shall immediately end my participation and carry out such directives as I receive. I will keep important medical information on me or with me at all times.

***I have read this waiver and release and understand its significance.***

Signature of rider or parent/guardian \_\_\_\_\_ Date \_\_\_\_\_ Age of Rider \_\_\_\_\_

Emergency contact name and phone \_\_\_\_\_