Parent Rider Release, Waiver and Consent Form

Participant's Name ___________________________________ DOB ____________ Age ________

Address ____

Home Phone ________________________________ Cell Phone ______________________________

Email Address ____

I represent to Frazier Cycling that I am in good health and have been examined by my personal physician within one (1) month prior to executing this Consent and Release of Liability. I understand and acknowledge that Frazier Cycling does not conduct any independent testing of my health or fitness to participate in the cycling coaching and/or group ride events.

In consideration for the agreement of Frazier Cycling to permit me to participate in cycling coaching and/or group rides/cycling events, I hereby release and waive any and all claims for damages, injury, or death against Frazier Cycling, and its officers, directors, employees, agents, independent contractors, and staff (collectively "Frazier Cycling Releasees"), that may accrue to me as a result of my participation in the Frazier Cycling coaching and/or group rides/cycling events, and agree to indemnify, protect, and hold harmless the Frazier Cycling Releasees from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, and attorney's fees, however caused, as a result of my participation in the Frazier Cycling coaching and/or group rides/cycling events, except for conduct constituting gross negligence by the Frazier Cycling Releasees.

If I suffer an injury or illness while participating in Frazier Cycling coaching or a group ride/cycling event, and if I am unable to consent to medical treatment, Frazier Cycling is authorized to contact the following emergency contacts to obtain such consent to treatment. In the event that I am unable to give consent and Frazier Cycling is unable to contact either of the emergency contacts at the telephone numbers below, I hereby authorize Frazier Cycling to obtain such emergency medical care or treatment as Frazier Cycling deems necessary. I further consent to the provision to me of such emergency medical care or treatment as is deemed reasonably necessary by a licensed physician. This consent is signed solely for the purpose of authorizing medical treatment under emergency circumstances in which I am unable to give my consent to treatment.

Emergency Contact Names, Relationship, and Telephone Numbers

1. ____

(Name) *(Relation)* *(Phone number)*

2. ____ *(Name)*

_*(Relation)* *(Phone number)*

Signature:______________________________ Date:______________________