



## The Fix Permission & Release Form

*Please read through each section and sign at the end of the form in recognition of your acceptance.*

Name of Child/Student: \_\_\_\_\_ Age: \_\_\_\_\_

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

Name of School: \_\_\_\_\_

### Program Permission

- ★ *I give my permission for my child to participate in The Fix bike repair program.*

### Bike Riding Permission

Open Roads often offers to take its students on at least one short bicycle ride. Open Roads' rides operate under the supervision of a trained Open Roads' employee or volunteer, occur during program hours, and follow the Kalamazoo River Valley Trail, and at times may include riding on city streets with traffic.

- ★ *I give my permission for my child to participate in bicycle rides while under the supervision of Open Roads' staff and volunteers.*

### Permission to Use Name and Likeness

Open Roads frequently photographs and films its students participating in the various activities and programs to use for promotional and marketing materials for Open Roads programs. Before Open Roads can do so, your permission is needed to display these images or to use the name of your child.

- ★ *I grant Open Roads permission to use images of my child.*
- ★ *I grant Open Roads permission to use my child's name.*
- ★ *I grant Open Roads permission to use verbal or written statements from my child.*

### Permission to Seek Medical Attention

If your child is injured while participating in an Open Roads program or event, Open Roads will make every effort to contact you or the emergency contacts listed below, however if we are unable to, Open Roads needs your authorization to allow trained staff to perform CPR or first aid for minor injuries.

- ★ *I grant Open Roads permission to perform CPR and first aid on my child.*

In the event of a major injury or medical emergency requiring professional help from a medical facility or an emergency medical service, Open Roads needs authorization to seek medical attention for the student and to transport the student if necessary.

**Open Roads will not be held responsible for any costs associated with the seeking of professional medical help.**

- ★ *I grant Open Roads permission to seek professional medical help.*
- ★ *I grant Open Roads permission to transport my child to a medical facility during a medical emergency.*

*Continued on next page.*

## Release of Liability

In consideration of my child being allowed to participate in the Open Roads *The Fix* program (Program), I release from liability and waive my right to sue Open Roads, their employees, directors, officers, volunteers and agents (collectively "Open Roads") from any and all claims, including claims of the Open Roads' negligence, resulting in any physical injury, illness (including death) or economic loss I or my child may suffer or which may result from my child's participation in the Program or any events incidental to the Program.

I acknowledge the inherent risks and hazards in bicycle related activities, including those that take place during and as a result of the Program. I realize that those risks include, but are not limited to, injuries, accidents, equipment and tool failure, incorrect instruction, and inattentive supervision. I understand that these risks, as well as others, are unforeseeable, unpredictable accidents and I assume all risks associated with such accidents, even though I cannot foresee them.

This Release applies to and binds my personal representatives, heirs, and my family.

**★ I have read the paragraph above and understand I am releasing Open Roads and its associates from all legal liability.**

Sign below in recognition of the permissions and releases you are granting above:

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Printed Name of Parent/Legal Guardian:** \_\_\_\_\_

**Parent/Legal Guardian Phone:** \_\_\_\_\_

**Relationship to Child/Student:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If we cannot reach you in the case of an emergency, please list secondary contact(s) below:**

### **Contact #1**

**Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### **Contact #2**

**Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\* All references to "Open Roads" shall be construed as a reference to the "Open Roads Bike Program"