

**VOLUNTEER (UNDER 18)
RELEASE AND WAIVER OF LIABILITY AGREEMENT**

This Volunteer Release and Waiver of Liability Agreement (“**Release**”), on behalf of [PRINT NAME OF VOLUNTEER UNDER 18 YEARS] _____ (“**Volunteer**”), releases Cycling Schools, Inc. (“**Cycling Schools**”), a nonprofit corporation organized under the laws of the State of Ohio, and its successors, assigns, directors, officers, employees, volunteers, and agents (collectively the “**Releasees**”) from any and all rights, claims, or causes of action of any kind arising from the Volunteer’s participation in this activity.

1. **Statement of Authority.** I have full legal authority, as parent/legal guardian, to complete this Volunteer Release and Waiver of Liability Agreement (“**Release**”) on behalf of the Volunteer, who is under 18 years.
2. **Volunteer Agreement.** I, the Volunteer’s parent/legal guardian, have agreed she/he may serve as a volunteer for Cycling Schools, and understand and acknowledge the following:
 - a. The Volunteer is not an employee of Cycling Schools.
 - b. The Volunteer will not receive compensation or payment of any kind.
 - c. The Volunteer will not receive health insurance, workers’ compensation insurance, or any similar employee benefits.
3. **Acknowledgement of Duties and Responsibilities.** Both I (the Volunteer’s parent/legal guardian) and the Volunteer have received and read the Cuyahoga Valley National Park Volunteer Position description (“**Job Description**”) and we understand and accept the duties and responsibilities stated in the Job Description. We have also received and read the Volunteer Position Safety Analysis (the “**Safety Analysis**”). Both I (the Volunteer’s parent/legal guardian) and the Volunteer understand and accept the potential hazards stated in the Safety Analysis and agree to follow the safe actions and procedures for mitigating and managing the hazards identified in the Safety Analysis.
4. **Release and Waiver of Liability.** I, the Volunteer’s parent/legal guardian, agree to release and forever waive, discharge, covenant not to sue, and hold harmless the Releasees from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from the Volunteer’s participation in this activity.
5. **Assumption of the Risk Agreement.** I, the Volunteer’s parent/legal guardian, fully recognize and accept that volunteering has unforeseen risks and dangers. I understand that bicycling and hiking activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death. I further understand that there may be other risks of injury and economic loss, either known to me or not readily foreseeable at this time. I understand and acknowledge that by signing this Release I knowingly assume the risk and responsibility for injury, harm, losses, costs, and damages that may occur as a result of the Volunteer’s participation in this activity.
6. **Medical Treatment.** I, the Volunteer’s parent/legal guardian, agree to release and forever waive, discharge, and hold harmless the Releasees from any claim that arises out of any first-aid treatment, or other medical services, rendered to Volunteer, in connection with participation in this activity.
7. **Full Force.** If any portion of this Release is held to be invalid, the remainder, with the exception of the portion that is deemed to be invalid, shall continue in full force and effect.

PLEASE COMPLETE BOTH SIDES

By signing this Release, I, the Volunteer's parent/legal guardian, declare that I have read and fully understand the terms of this agreement. I further understand we are giving up substantial rights. I have signed this Release voluntarily and without any inducement or assurance of any nature. I intend this Release to be a complete and unconditional release of all liability to the greatest extent allowed by law.

^ Signature of Parent | Legal Guardian

^ Date

^ Print Full Name of Parent | Legal Guardian

^ Street Address

^ City / State / Zip

^ Phone # in case of emergency

^ Print Name of Volunteer (Under 18)

_____/_____/_____
^ Date of Birth

VOLUNTEER (UNDER 18) MEDIA RELEASE

MAY ONLY BE COMPLETED BY A PARENT | LEGAL GUARDIAN

I understand that photographs and video and sound recordings are made during Cycling Schools' events and are used for educational, promotional and fundraising purposes. By signing below, I give my permission and consent to Cycling Schools to make, reproduce, edit, broadcast or rebroadcast any photographs, video and sound recordings of the Volunteer for any business or commercial purpose. I understand that I shall not have any right of review or approval of the use of any photographs, video and sound recordings of the Volunteer and that neither I nor the Volunteer will be compensated for their use.

^ Signature of Parent | Legal Guardian

^ Date

03/30/19