

**ADULT PARTICIPANT RELEASE AND WAIVER OF LIABILITY AGREEMENT**  
**To be executed by participating parents, school employees, and school volunteers.**

In acknowledgement of my participation in bicycling, hiking, and any related activities with Cycling Schools, Inc. (“Cycling Schools”), a nonprofit corporation organized under the laws of the State of Ohio, I understand and agree that:

1. **Statement of Authority.** I have full legal authority, as a person who is over 18 years of age, to complete this Release and Waiver of Liability Agreement (“**Release**”).
2. **Assumption of the Risk Agreement.** I fully recognize and accept that participation in this activity has unforeseen risks and dangers. I understand that bicycling 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 participation in this activity.
3. **Release and Waiver of Liability.** I agree to release and forever waive, discharge, covenant not to sue, and hold harmless Cycling Schools, and its successors, assigns, directors, officers, employees, volunteers, and agents from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from the participation in this activity.

By signing this Release, I declare I have read and fully understand the terms of this agreement. I further understand that I am 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 ^ Date

---

^ Print Full Name

---

^ Street Address

---

^ City / State / Zip

**PLEASE COMPLETE BOTH SIDES**

## **MEDIA RELEASE**

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 me 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 me and that I will not be compensated for their use.

---

^ Signature of Participant

---

^ Date