



Momentum Bike Clubs

Mentor Permission Form

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and sign in the space provided to indicate your agreement with all statements made in this permission form.

AUTHORIZATION AND RELEASE OF LIABILITY

I am a mentor/volunteer in the Momentum Bike Clubs (the "Program").

I understand that this Program is a nonprofit community program for youth and that my participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by nonprofit and community volunteers and staff, including other mentors and volunteers.

I further understand and agree that my participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to: accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, riding area and equipment defects, and negligence of volunteers and mentors. On behalf of me, and my family, I assume these risks.

(initial here)_____

In consideration of the privilege of my participation in the Program, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Momentum Bike Club, Clemson University, the sponsoring community center or school, individual program organizers, and all of these organization's directors, officers, trustees, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating sponsors, parents, vendors, mentors and other event workers, officials, drivers, and organizations) as to any and all claims of me and other family members for personal injuries suffered by me, property damage, medical expenses, and economic loss arising directly or indirectly out of my participation in the Program, and any first aid, medical care or treatment provided to me in the event I am injured or become ill while participating in Program activities, and excepting claims that may not be released under applicable law.

(initial here)_____

This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that I, and that other family members may have. I am a legally responsible adult. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be

binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my name and picture in broadcasts, telecasts or written accounts for any participation in any Program sponsored event.

(initial here)_____

MEDICAL CONDITIONS

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that I am healthy and able to participate in the Program activities. I understand that the Program or its representatives may request health information concerning me and/or ask me to undergo a medical exam. If the Program determines that I do have a physical or mental condition that may affect my ability to safely and appropriately participate in Program activities, the Program may determine that I cannot be permitted to participate. I understand and agree that such decisions may have to be made out of concern for my best interests of my and other participants.

(initial here)_____

CONSENT TO MEDICAL TREATMENT

In the event I am injured or become ill in Program activities, I hereby authorize the Program, its staff, volunteers including volunteer mentor participants, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending me. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to me (if any).

(initial here)_____

My signature below indicates that I have read and understand this permission form, that I have asked and had answered any questions related to this form, that all information provided by me is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

Each responsible mentor volunteer should sign.

Signatures:

Printed Name:

Date: