



BIKE CLUB WAIVER AND RELEASE

In consideration for being permitted to participate in the Tulsa Public Schools (TPS) Bike Club. I agree to assume all risks inherent in participation in bike rides on and off campus whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. I understand that many times my child will be riding off campus on Tulsa Streets and Tulsa Trails. I acknowledge that participation carries an inherent risk of injury to my person/child and damage to my property. I hereby waive and hold harmless, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against Independent School District No. 1, of Tulsa County, Oklahoma, dba Tulsa Public Schools, and its, employees, volunteers, officers, representative, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Bike Club or Bike Club rides including any and all claims for personal injuries. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me. If I am an employee of Tulsa Public Schools, I acknowledge that my participation in the Bike Club is completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate, or not participate, in this activity will not affect my job status.

In case of emergency and emergency contacts cannot be reached, the sponsors and volunteers will use his/her best judgment to protect and assist the injured student in accordance with the Tulsa Public Schools Policy.

I, the undersigned parent or guardian do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event the student should be injured or stricken ill while participating in a school-related activity. I further grant permission and authorization to transport my child to the hospital or medical provider listed below or nearest available facility.

Name of Participant (print): _____

Signature of Parent or Legal Guardian: _____ Date: _____

Emergency Contact Name: _____

Phone Number: _____

Alternate Emergency Contact Name: _____

Phone Number: _____