

Bike to Bay 2025 Liability Waiver and Release

Date: Saturday, May 3, 2025 Location: 2525 East Bayshore Road, Palo Alto, CA Time: 10:00 AM – 1:00 PM

We are excited for your participation in **Bike to Bay 2025!** All participants must be covered by a liability waiver to ensure a safe and enjoyable experience. One form can cover multiple family members.

For questions, email us at tellmemore@hopetech.org.

Participant Information

List each of the participants in your party below

Full Name	Age	Medical Conditions/Allergies (if any)



Waiver and Release of Liability

I, the undersigned, on behalf of myself and any participants listed above, acknowledge and agree to the following:

- 1. Assumption of Risk I understand that participation in Bike to Bay 2025 involves inherent risks, including but not limited to falls, collisions, injuries, weather conditions, and hazards on public trails and roads. I voluntarily assume all such risks.
- 2. Supervision Requirement I understand that all minors must be supervised by a parent, guardian, or designated adult at all times. The event organizers are not responsible for ensuring adult supervision.
- 3. Release of Liability I, on behalf of myself, my heirs, executors, and administrators, waive and release Hope Technology School, event organizers, sponsors, volunteers, and affiliates from any and all claims, liabilities, damages, or costs arising from participation in this event, including travel to and from the event.
- 4. Medical Authorization In the event of an emergency, I authorize the event organizers to seek medical attention for myself or any minors listed above. I understand that I am responsible for any medical expenses incurred.
- 5. Safety Requirements I agree that all participants riding or scootering must wear a helmet at all times.
- 6. Media Release I grant permission for my name, image, and likeness (or that of my minor participant(s)) to be used in event promotions, including photos, videos, and social media, without compensation.
- Non-Refundable Registration I acknowledge that the registration fee is non-refundable.

Parent/Guardian Information

Parent/Guardian Name Phone Number **Emergency Contact (if different)**

By signing below, I certify that I have read and understood this waiver and agree to its terms on behalf of myself and any minors listed above.

Signature: _____ Date:

(Parent/Guardian must sign if any listed participant is under 18)