

# Passenger Application



## Informed Consent - Waiver of Liability

**Authorization to provide care/services has been seen: Yes / No**

I the undersigned attest that I am the Legal Guardian/Power of Attorney of the person named herein taking part in the Cycling Without Age Program as a Passenger.

- I understand and agree that there are inherent risks associated with participation in this activity, that participation is voluntary and that the participant is physically fit enough to participate in the activity.
- I accept all responsibility for their participation including the possibility of personal injury, death, property damage of any kind notwithstanding that the injury, loss may have been contributed to or occasioned by the negligence of the Cycling Without Age Society - Sidney and its officers, directors, employed, members, agents, assigns, legal representative and successors.
- I do hereby indemnify and hold harmless the Cycling Without Age Society - Sidney, its officers, directors, employees, members, agents, assigns, legal representatives and successors and any and all business associates and partners involved in the above noted activity and each of them, their owner, officers, and employees hereby waiving all claims for damage now or in the future arising from any loss, accident, injury or death which may be caused by or arise from participation of the individual named herein during this event; and agree to assume all risks for the activity noted above that the individual named herein has agreed to participate in.

I give permission to Cycling Without Age Society - Sidney to take my photo and display it on their website and/or social media pages.

My signature acknowledges that I have had sufficient time to read and understand this informed consent. By signing it I agree to the above conditions and allow the individual named herein to participate in the activity named. I understand that the conditions are binding on my heirs, next of kin, executors, administrators and successors.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Legal Guardian/Power of Attorney (Full Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Phone# \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_