



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Fort Wayne Trail Buddies Rider Waiver & Release

WAIVER & RELEASE

Name (Print): _____

Address: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship: _____

I acknowledge there are risks involved in participating in cycling activities, such as road hazards, traffic and weather conditions, and I understand we may be riding in open streets, where we have no control over other vehicles.

I agree that they YMCA of Greater Fort Wayne, its volunteers, employees, and trustees shall not be liable for any injury to me during rides I take with them.

Signature: _____ Date: _____

RELEASE & CONSENT

By initialing, I give permission to the YMCA of Greater Fort Wayne to use my image, voice, or words for the purpose of promoting its mission and the Trail Buddies program.

Initials: _____

FAMILY MEMBER, GUARDIAN, OR POWER OF ATTORNEY (for those under 18 of age or those unable to complete the waiver)

Name (Print): _____

Relationship: _____ Phone: _____

Signature: _____ Date: _____

Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.