



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## WAIVER & RELEASE

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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 on open streets, where we have no control over other vehicles.

I agree that the 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 AND CONSENT \_\_\_\_\_ By my initials I give permission to the YMCA of Greater Fort Wayne to use my image, voice or words for the purpose of promoting its mission.

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

Name (print): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA of Greater Fort Wayne  
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