

**Clayton County Parks and Recreation Department  
Youth Bicycle Club Acknowledgment of Risk  
Waiver and Release of Liability**

Participant Name (Please Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I understand that participation in the Clayton County Parks and Recreation Youth Cycling Program (the program) involves certain risks, including but not limited to fatality. In addition, I understand that cycling involves risks incidental thereto, including but not limited to the possible reckless conduct of other participants, bystanders and vehicles. All stresses and hazards associated with cycling cannot be foreseen. I hereby, for myself, my heirs, executors, administrators and anyone claiming under or through me in any way, waive and release, to the fullest extent permitted by law, all rights and claims for damages I have or may have against Clayton County, Georgia, its Parks & Recreation Department, each of their agents, employees, officers, directors and workers (collectively, the "County"), for any and all injuries or losses suffered by my child as a direct or indirect result of his/her participation in the program.

My child will follow these and any other posted or verbal Rules:

- A protective helmet will be worn (and possibly other protective equipment, depending on my child's age) at all times while riding a bicycle in the program.
- I accept full responsibility for damage or injury to any person or property my child may cause while riding a bicycle in the program.
- My child is fully capable of and knows how to safely ride a bicycle.
- My child will obey all applicable Georgia traffic laws.

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I have read and agree to comply with all the above information, conditions and requirements.

*A parent/guardian must complete the following:*

I, \_\_\_\_\_ (Please Print) attest that I am permitting my child to participate in the Clayton County Parks and Recreation Youth Cycling Club. I acknowledge and agree to all of the above provisions and conditions for myself, my heirs, executors, administrators and anyone claiming under or through me. I am signing this liability release under no duress and that I can choose not to permit my child to participate in the program.

Parent/Guardian Signature: \_\_\_\_\_

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