



# Bike Month WAIVER FORM

\_\_\_\_\_  
Date                      Name (print)                      Birth date

\_\_\_\_\_  
Address                      City, State                      Zip Code                      Email Address

\_\_\_\_\_  
Phone Number                      (home    work    cell    )                      Emergency Contact (name, phone number)

## ***General Volunteer Waiver***

In consideration of the opportunity to engage in a City of Santa Fe event I, the undersigned, my heirs and assigns, hereby waive all claims for injuries, damages or losses to my person or property which may be caused directly or indirectly, by any act, omission or negligence arising from or related to the activities of the City of Santa Fe. I, the undersigned, understand that by participating in this activity I will be exposed to the risks of accident and injury and that I will follow the City of Santa Fe safety requirements and instructions. I hereby release and hold harmless the City of Santa Fe and their officers, agents, and employees from any and all claims, including bodily injury, death or property damage which may occur due to my or my child's participation in these activities. I, the undersigned, my heirs and assigns, hereby covenant and agree to indemnify and hold harmless the City of Santa Fe, their officers, agents and employees from any and all costs, charges, claims, demands, losses, damages, causes of action, suits and liabilities of any kind, including the expenses of litigation, court costs and attorney's fees, for injuries to, or the death or illness of any person, or for damage to any property, arising out of or in connection with my involvement in the activities. I, the undersigned, my heirs and assigns, hereby further covenant the City of Santa Fe, their officers, agents, and employees for any matter which arises from the execution of the event.

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

## ***Parental Consent (required if volunteer is under age 18)***

The person named above has my permission to participate in this City of Santa Fe event. If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

\_\_\_\_\_  
Name                      Relationship to child                      Phone Number

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Date

## ***Media Release for Minors***

**Parental initials** \_\_\_\_\_, I hereby grant permission to the City of Santa Fe to use photographs and/or videos of my child taken during a City of Santa Fe sponsored event. Photos and videos may be used for publications, news release, online, and in other communications related to the mission of the City of Santa Fe.

\_\_\_\_\_  
Designee Approval Signature                      Date

***EACH PERSON MUST SIGN AND RETURN THIS RELEASE FORM TO ALLISON LONG, [amlong@santafenm.gov](mailto:amlong@santafenm.gov) OR 505-690-2817, PRIOR TO PARTICIPATION***