



Boys & Girls Club of the Siskiyou

Mountain Biking Program Packet

Dear Parent or Guardian,

The Boys & Girls Club of the Siskiyou will be going to Shastice Park and the Gateway Trails for their Mountain Biking Program on Thursdays from 3:00 pm-5:30 pm from September 5th-October 24th. This program will include:

- Mountain Biking Gloves and Helmets to use During the Program
- Food
- Mountain Bike Lessons from Shasta Gravity Adventures

Please let us know if your child does not have a mountain bike with front or full suspension.

We are very excited to be offering this special program to our members. In order to make this program be a success, we are needing a commitment from you and your child to participate in our full 7-week program. Registration is \$60.



Important Information

Your child must wear appropriate clothing for biking activity. Appropriate clothing includes close-toed sturdy shoes, comfortable clothing such as shorts and a long sleeve breathable shirt; kneepads and mountain biking gloves.

Your child must remain with the group at all times and follow the scheduled lesson. Free time biking on the gateway trails is always with an instructor.

If students will be absent, the Club Coordinator must be notified by 10AM the day prior by calling (530) 220-5055, or emailing us at info@bgcsiskiyou.org.

I HAVE READ, UNDERSTAND, AND AGREE TO THE BGCS MOUNTAIN BIKING PROGRAM RULES & INFORMATION

PARENT/GUARDIAN SIGNATURE

X _____

Date _____

PRINT NAME OF PARENT/GUARDIAN



Member Name _____ Age _____

Experience Level Beginner Intermediate

This student has their own bike helmet: YES NO

This student has a mountain bike with full or front suspension: YES NO



Boys & Girls Club of the Siskiyou Mountain Biking Program Permission Slip

If there are any allergies, allergies to medications, or any other special considerations we should be aware of, please list here: _____

In the event of a medical emergency; I hereby give permission to the physician selected by the Supervising Staff Member to secure proper medical treatment, including hospitalization, anesthesia, injections or surgery for my child.

Insurance Carrier

Policy or Group Number

Date of Birth

In consideration of the opportunity extended to my child by the Boys & Girls Club of the Siskiyou. I hereby release said Club & members of it's Board of Directors and Staff from all actions, damages, claims and demands in law or in equity, of every kind and character I may now or hereafter have against them.

It is the policy of the Boys & Girls Club of the Siskiyou in case of illness, accident, or other emergency affecting any member while at, or in route to or from an activity, to make every reasonable attempt to prompt contact the parent or guardian.

Signature (Parent or Guardian)

(Date)

Address

Emergency Phone Number

Shasta Gravity Adventures Acknowledgement of Risk
PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS AN ACKNOWLEDGEMENT OF RISK
AGREEMENT.

As a condition of being permitted access to being a client of Shasta Gravity Adventures as a passenger for shuttling, mountain bike guided, or mountain bike skills coached, I agree as follows:

1. I am at least 18 years of age (or, if younger, applicant must be accompanied by a parent, guardian, or program supervisor who indicates his/her consent to the terms of this Release by signing below).
2. I warrant and represent that I am in good health and that I have no special problems or limitations that have not been listed on this form.
3. I agree and understand that mountain biking is a HAZARDOUS activity (hereinafter the "Activity"). Further, I recognize that there are risks, including, but not limited to, rocks of various sizes, uneven and/or slippery trail conditions, varying slopes, variations in terrain, bumps, stumps, forest growth, loose gravel and dirt, wet surfaces, holes and potholes, downed timber, debris, other bikes, man-made wooden boardwalks and similar features, and vehicles and paved surfaces. I further understand that mountain biking is different than road biking. I recognize that injuries are a common and ordinary occurrence of the Activity. I hereby agree to freely and expressly ASSUME and accept ANY AND ALL RISKS OF INJURY OR DEATH while participating in the Activity as a result of my negligence in participating in the Activity conducted by Shasta Gravity Adventures on NFS lands, except to the extent that the bodily injury, death, or loss of personal property may be due to the negligence of Shasta Gravity Adventures.
4. I understand that helmets are required, and I agree to wear a helmet at all times.
5. I agree that any and all disputes between Shasta Gravity Adventures and me arising from my participation in the Activity or my use of rented equipment, and including any claims for personal injury and/or death, will be governed by the laws of the State of California and exclusive jurisdiction thereof will be in the state/commonwealth of California.
6. In the event any section of this Agreement is found to be unenforceable, the remaining terms shall be fully enforceable.
7. This Agreement shall be binding to the fullest extent permitted by law.
8. This Agreement shall be binding upon my assignees, subrogers, distributees, heirs, next-of-kin, executors, personal representatives, administrators, and insurers and may be pled by Shasta Gravity Adventures as a complete bar and defense against any claim, demand, action or causes of action by me or on my behalf.

IWE HAVE CAREFULLY READ THE FOREGOING AGREEMENT, UNDERSTAND ITS CONTENTS AND SIGN WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Executed this ____ day of _____, 2019.

Customer Name (please print)

Name of Parent or Guardian (if applicable)

Customer Signature

Parent or Guardian Signature

Address

Child Name and Age

City, State and Zip Code

Child Name and Age

Phone Number

Child Name and Age

Email Address