



Cycling Without Age Participation Consent & Waiver of Liabilities for Passengers

The Wisconsin Bike Fed (Bike Fed) is creating extraordinary experiences by providing trishaw rides for individuals in our community which are piloted by volunteers.

My participation in this activity as a passenger is purely voluntary and I elect to participate despite the risks. If I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

The Wisconsin Bike Fed has offered a bicycle helmet while participating in this activity. If I do not wear a helmet, I do so at my own risk. I agree to wear a seatbelt or similar restraint while participating in this activity.

I am aware that participation in this activity involves risks, dangers and hazards including, but not limited to: changing weather conditions; mechanical failure of bicycles; falls; loss of balance; difficulty or inability to control one's speed; variations in cycling terrain; and collisions. I am aware of the risks, dangers and hazards and accept and fully assume all such risks, hazards and dangers and the possibility of personal injury, property damage or loss resulting therefrom. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity.

I hereby waive any and all claims that I have or may in the future have against The Wisconsin Bike Fed, from any and all liability for any injury, loss, damage or expense, including death, that I may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, and to hold harmless and indemnify the Bike Fed for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation as a passenger in this activity.

Passenger (Signature)

Passenger (Print Name)

Passenger Decision Maker (Signature)
(If Applicable)

Passenger Decision Maker (Print Name)
(If Applicable)

Witness/Staff/Volunteer

Date & Time

Passenger/Decision Maker Phone Number