

TOUR OF THE UNKNOWN COAST

PARENTAL AUTHORIZATION AND RELEASE FORM

NAME OF PARTICIPANT _____

BIRTHDATE _____ AGE _____ SEX _____

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME AND NUMBER _____

1. I, the undersigned, am a parent, legal guardian, or managing conservator of the above-mentioned participant (hereinafter, "my child") and warrant that I have the authority to enter into this agreement. I give my consent and permission for my child to participate in the Tour of the Unknown Coast bicycle event ("TUC").
2. In consideration for my child being permitted to take part in the TUC, I hereby agree to waive, release, indemnify and hold harmless TUC and its board members, volunteers, or other agents (hereinafter, "Releasees") from any and all claims, suits, losses, damages, causes of action, expenses of litigation and/or settlement, or other liability by reason of any accident or injury suffered by my child, which may arise in connection with these activities, whether or not caused by or alleged to be caused by the negligence of the Releasees.
3. I am fully aware of the risks involved and potential hazards connected with bicycle events, and hereby elect my child to voluntarily participate in this event. I voluntarily assume any responsibility for any risks of loss, property damage, or personal injury, including death, arising from participation in the above-mentioned event - my child's participation is undertaken solely at our own risk.
4. I further hereby agree to indemnify and hold harmless the Releasees from any and all losses, damages, other causes of action, expenses of litigation and/or settlement, or other liability related to personal property belonging to or under the custody or control of my child at the events described above.
5. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. I acknowledge that a current Medical Consent Form is on file with the TUC.
6. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Releasees.
7. In signing this release, I acknowledge and represent that I have read the foregoing Parental Authorization and Release Form, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least (18) years of age and fully competent; I execute this release for full, adequate and complete consideration fully intending to be bound by same. I understand and agree that this release is required as contractual consideration to TUC for allowing my child to participate in the bicycle event, and that my agreeing to this release of liability is required in order for my child to participate in this event. **If an accident were to occur, you and the young person (by signing this Agreement) would be giving up legal rights and incurring legal liabilities.** If any part of this Agreement is held invalid, the rest of the provisions shall remain in effect. *If you do not understand any part of this Agreement, you should not sign it and speak with your legal advisor.*

IF YOU WILL NOT PARTICIPATE IN THE TUC WITH YOUR CHILD, THIS PARENTAL AUTHORIZATION AND RELEASE FORM MUST BE ACCOMPANIED BY A MEDICAL CONSENT FORM (SEE PAGE 2)

PARENT/GUARDIAN SIGNATURE

DATE

TOUR OF THE UNKNOWN COAST

MEDICAL CONSENT FORM

To the best of my knowledge, my child _____ is in good health.
In the event of circumstances which indicate that my child is in need of medical care, I authorize Tour of the Unknown Coast ("TUC") representatives to consent to any necessary X-ray examinations, medical or surgical diagnosis, treatment, medication, or hospital care in accordance with standard medical practice by licensed medical personnel. I release and agree to hold TUC and its affiliates and/or agents, their employees and volunteers harmless from any claims due to illness or injury suffered by my child in the course of receiving such medical responsibility and consequences that may arise as a result of this treatment.

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

If you are unable to reach me, please contact:

NAME _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

MEDICAL INFORMATION (Please print):

CHILD'S PHYSICIAN _____ TELEPHONE _____

CHILD'S ALLERGIES _____

CHILD'S MEDICATIONS (DOSAGES, FREQUENCY, ETC.) _____

LAST TETANUS BOOSTER _____

OTHER INFORMATION:

CHILD'S DATE OF BIRTH _____ CHILD'S SOCIAL SECURITY NUMBER _____

PARENT/GUARDIAN'S EMPLOYER _____

PARENT/GUARDIAN'S SOCIAL SECURITY NUMBER _____

INSURANCE CARRIER _____ POLICY NUMBER _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____