

Velo Kids Waiver

By checking this "agree" box, I give my permission for my son/daughter/ward to be in the Velo Kids Programs. I understand participants will be learning bicycle safety, bike handling skills, mechanic skills by way of off-campus bicycle adventures to trails and neighborhood parks. As part of learning these skills, s/he will be working with bicycle-related tools and riding on neighborhood streets and trails. I will not hold Velo Kids LLC, its owners, members, officers, directors, staff, employees, volunteers, funders, insurers, agents, attorneys or any other persons associated with Velo Kids program responsible for any injuries or accidents, for negligence or otherwise, that may occur during my child's participation in or resulting from this Velo Kids Program.

In consideration of participation in Velo Kids' LLC programs, I agree for my child to be served by the staff for the activity I signed up for and agree to the following:

Waiver of Liability: I will not sue Velo Kids LLC, its coaches, volunteers, or board members for any accident, injury, or property damage arising directly or indirectly out of this activity, unless caused by the sole negligence of Velo Kids, its coaches, volunteers, or board members.

Image Consent: Velo Kids may use images of my child during participation for promotional material. (Please contact Jenny White jenny@velo-citycycles.com if you wish for your child to not be photographed, video taped or appear in promotional material.)

Physical Consent: My child is physically able to participate without restriction in the activity they are signed up for. I will inform the camp instructor of any health conditions or recurring illnesses that could cause a physical limitation for my child. I acknowledge the inherent physical risks associated with the activity my child is signed up for.

Concussion Awareness: I have read the linked information from the MDHHS and CDC. As a result, I understand the signs and symptoms of a concussion and will communicate any concern of a concussion with my child to staff. All lead instructors are certified in concussion awareness.

https://www.michigan.gov/documents/mdch/Parentandathleteinfosheet_415328_7.pdf

Responsibility: I acknowledge my responsibility for legal liability imposed on me as a result of personal actions taken by my child during this activity. If my child is required to leave the activity, I acknowledge that I will not receive a refund.

Participation Fee & Potential Refund: A full refund (minus fees of 6%) will only be offered outside of two weeks prior to the activity beginning. The only exceptions to refunds inside of two weeks before the activity begins is for unforeseen medical reasons and will be considered by the camp instructor.

Consent to Treatment: In case of an emergency, every effort will be made to contact you as well as the emergency contacts provided. If the emergency contact cannot be reached and medical treatment is needed, I give permission for my child to receive medical treatment. I personally assume responsibility for expenses not covered by my insurance.