



# TRAILBLAZERS Tandem Cycling Club

## WAIVER AND RELEASE FORM

*(Please print clearly)*

First & Last Name	Cell/Phone number		
Address	Weight (pounds)	Height	
	Please select below		
Email	Stoker	Captain	Volunteer

I, \_\_\_\_\_ *(Please print)*, the undersigned, wishing to participate in the activities of TRAILBLAZERS Tandem Cycling Club, affirm to be in general good health, capable of the required effort, and hereby accept at my own personal risk any hazards that may occur. I hereby release TRAILBLAZERS Tandem Cycling Club, its directors, officers, servants, agents and trip organizers from any liability whatsoever for loss, damage or injury (including death) howsoever caused, which may result from my participation in activities of TRAILBLAZERS Tandem Cycling Club, and I declare that this release is binding upon me, my heirs, executors, administrators and assigns. I, the undersigned have read this release clause and agree that my participation in the activities of TRAILBLAZERS Tandem Cycling Club is entirely at my own risk. I agree to wear an approved helmet on all rides.

Further, permission is hereby given to use any photographs or movies of said person taken when cycling with the TRAILBLAZERS Tandem Cycling Club. The club will endeavour to respect the wishes of those who do not wish their photograph published where their image is immediately recognizable, however due to the nature of group scenes, this may not always be possible and the Club will not be held liable.

It is further understood and agreed that a Braille reference copy of this document is available; otherwise the print copy has been read to or by all persons.

Signature:

Date:

Signature of Guardian:

Date:

*(If under 18 years of age)*

**IMPORTANT: Original or Electronic Signature Required**