



Rider Liability Release

Rider Name: _____

By signing, I hereby expressly acknowledge that bicycling, like many sports such as swimming, golf, soccer, and gymnastics involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. Further, I hereby expressly acknowledge that photographs and/or videos of the above rider may be taken by parties outside the control of Shine in connection with participating in bike camp. I acknowledge that Shine has limited or no control over such activities of third parties and has no control over any editing and/or use of such photos and/or video footage. As the parent/guardian of the above rider, I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of the Autism Society of Southeastern Wisconsin and the Down Syndrome Association of Wisconsin, Inc., and Rainbow Trainers, Inc. should injury or mishap occur in this regard.

I understand that data collected from this program will be used to help the camp operate effectively relative to appropriate progressions, bike sizing and behavior management. I acknowledge that I may be contacted in the future for follow up information pertaining to rider progress, status or for other requests to support the future development and success of the program.

Parent/Guardian Signature: _____

I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine or the Autism Society of Southeastern Wisconsin and the Down Syndrome Association of Wisconsin or third parties acting on behalf of Shine or the Autism Society of Southeastern Wisconsin and the Down Syndrome Association of Wisconsin. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for the purpose, which may be produced, duplicated, distributed and used for informational, promotional or other public purposes. I understand that photographs and video are not my property and there will be no compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above rider.

Parent/Guardian Signature: _____

Submission Instructions:

Please email this completed release form to: julie@assew.org or mail to Autism Society SE WI, 3720 N. 124th Street, Suite O, Wauwatosa, WI 53222.