

**THIS FORM MUST BE READ, COMPLETED IN FULL, SIGNED AND GIVEN TO A  
LUCKY TO RIDE™ LEADER BEFORE THE PARTICIPANT MAY GO ON THE OUTING.**

**1.) EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT**

In consideration for the services of Lucky to Ride™, its outing leaders, officers, agents, and volunteers (collectively referred to herein as "LTR"), I, on behalf of myself and/or as the parent or guardian of the minor child participating in the LTR activity, and our heirs, agree as follows:

I understand and am aware that hiking, backpacking, rock climbing, mountain biking, swimming, and related activities including, among others, use of LTR bicycles and other equipment (referred to herein as "Activity"), and transportation to and from such activity, are HAZARDOUS ACTIVITIES involving INHERENT AND OTHER RISKS of injury to any and all parts of the body. I further understand that injuries in the Activity are a COMMON AND ORDINARY OCCURRENCE, and I have made a voluntary choice for myself and/or the minor child listed below to ACCEPT AND ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with or result from this Activity.

LTR has put in place preventative measures to reduce the spread of COVID-19; however, LTR cannot guarantee that you or household will not become infected with COVID-19. Further, participating in this Activity could increase your risk and your household's risk of contracting COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or household member may be exposed to or infected by COVID-19 by participating in this Activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during this Activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LTR and its employees, volunteers, program participants and their families.

To the fullest extent allowed by law, I agree to RELEASE FROM LIABILITY, and to INDEMNIFY AND HOLD HARMLESS LTR from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by NEGLIGENCE, in any way connected with this Activity. I further AGREE NOT TO MAKE A CLAIM OR SUE FOR INJURIES OR DAMAGES RELATING TO THIS ACTIVITY, even if caused by NEGLIGENCE. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

**2.) AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT**

I recognize that medical or dental care may be necessary for myself and/or my minor child. I AUTHORIZE LTR AND THE OUTING LEADER(S) TO RENDER FIRST AID OR EMERGENCY CARE, within the scope of the certification of the outing leader(s). In addition, I authorize LTR to call for medical or dental care for myself and/or my minor child if, in the opinion of LTR, medical or dental care is needed. I AGREE TO PAY FOR ALL EXPENSES AND COSTS ASSOCIATED WITH SUCH CARE AND RELATED TRANSPORTATION. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of Colorado Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached.

**3.) PHOTO & VIDEO RELEASE**

To accomplish our goals, LTR frequently sends press releases and photographs & video to the media (newspaper, radio, television and the internet) and uses photos/videos in our own publications. It is the right of the individual whether to consent to the use of his/her photograph/videos and/ or name for the above publicity purposes. **By signing this form, I hereby authorize LTR to use any photos/videos taken of me during LTR activities. Contact Trung Nguyen at [trung@luckytoride.org](mailto:trung@luckytoride.org) with any questions or concerns.**

I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION I HAVE PROVIDED ON PAGE ONE AND PAGE TWO OF THIS AGREEMENT IS TRUE, CORRECT AND COMPLETE. I AGREE TO UPDATE PAGE 2 OF THIS AGREEMENT AS NECESSARY. I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED EACH OF THE ABOVE PROVISIONS, AND VOLUNTARILY SIGNED THIS AGREEMENT.

\_\_\_\_\_  
[PRINT NAME OF PARTICIPANT]

\_\_\_\_\_  
[PRINT NAME OF PARENT/GUARDIAN OF MINOR PARTICIPANT]

X \_\_\_\_\_  
[SIGNATURE OF PARTICIPANT OR  
PARENT/GUARDIAN OF MINOR PARTICIPANT]

\_\_\_\_\_  
[DATE]

**YOU MUST ALSO READ AND COMPLETE PAGE ONE AND TWO OF THIS AGREEMENT**

**PARTICIPANT'S INFORMATION**

Program Type:     Learn to Earn     Ride Program     Lucky Bike Club     Other

Class Start Date/Ride Date: \_\_\_\_\_

Participant Type:    Youth                       Volunteer

Participant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization that you are participating through: \_\_\_\_\_

**\*This information will remain anonymous and be used for grants and documentation purposes**

Gender:    Male     Female     Non-Binary

Age: \_\_\_\_\_ Grade in School \_\_\_\_\_ Birthdate: \_\_\_\_\_ Participant's Height: \_\_\_\_\_

Ethnicity:  Hispanic or Latino     White     Black or African American     Asian  
 Native Hawaiian or Other Pacific Islander     American Indian or Alaska Native     Other

Do you qualify in free/reduced lunch?    Yes     No

Have you participated in any other Lucky to Ride™ programs?    Yes     No

    If yes, which one?    Learn to Earn     Ride Program     Lucky Bike Club     Other

**MEDICAL INFORMATION:**

Date of most recent tetanus toxoid booster: \_\_\_\_\_

Allergies to drugs, foods, insect bites, etc.: \_\_\_\_\_

List all medications for which the participant currently holds a prescription and indicate which ones the participant will be taking during outing(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

List all medical conditions of which the outing leader should be aware or which may affect the participant's ability to participate in activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Family Physician (Name, Address, Phone):  
 \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

**EMERGENCY CONTACTS:**    (We will try to contact them in the order that they are listed.)

1. \_\_\_\_\_  
 Name    Relationship    Phone

2. \_\_\_\_\_  
 Name    Relationship    Phone

3. \_\_\_\_\_  
 Name    Relationship    Phone

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