

Alternative Child Care Week - BISIGKLETA and Fun Run 2025 EVENT

MINOR PARTICIPANT WAIVER FORM

Participant Information

Full Name of Minor: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Information

Full Name of Parent/Guardian: _____

Relationship to Minor: _____

Phone Number: _____

Email Address: _____

Event Information

Event Name: AACCW - BisigKleta and Fun Run 2025 (Bike Ride/Fun Run)

Event Date: _____

Event Location: _____

Acknowledgment of Risk & Liability Release

I, the undersigned, am the parent/guardian of the minor participant named above. I understand that the BisigKleta 2025 event involves physical activity (bike ride/fun run) and carries inherent risks, including potential injury. I agree to allow my child to participate and assume all risks associated with their participation in the event.

I release the event organizers, volunteers, and sponsors from any liability for injury, loss, or damage related to my child's participation in the event, whether known or unknown, including negligence. I consent to emergency medical treatment if needed.

Parental Consent

By signing below, I confirm that I am the parent/guardian of the minor participant and give permission for my child to participate in the BisigKleta 2025 event. I have read and understood this waiver and agree to its terms.

Signature of Parent/Guardian: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____