

# Fairhaven Bikeway Committee Bike Bus Registration

The Bike Bus is a program of the Fairhaven Bikeway Committee.

Please complete and sign all sections. Direct any questions to Mat Coes [matcoes@fairhavenbikeway.org](mailto:matcoes@fairhavenbikeway.org)

## STUDENT INFORMATION:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Grade in School (below Grade 3 must be accompanied by parent )

## PARENT/GUARDIAN INFORMATION

I am interested in volunteering, please contact me

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone 1

\_\_\_\_\_  
Phone 2

## EMERGENCY CONTACT (REQUIRED)

*other than parent or guardian*

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Phone 1

\_\_\_\_\_  
Phone 2

## WAIVER OF LIABILITY AND PERMISSION TO PARTICIPATE

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

I, the undersigned, give permission for my child to participate in the Bike Bus activities offered by the Fairhaven Bikeway Committee. I know of no physical disorder that could keep my child or ward from participating in this program. I understand there are inherent risks associated with any physical activity. I waive any claim of liability against, and agree to hold harmless Fairhaven Bikeway Committee, and any other officer, agent and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by Fairhaven Bikeway Committee.

Further, if said participant should become injured while participating in a program, I authorize transportation to any physician or surgeon licensed in the State of Massachusetts to perform any emergency or surgical treatments, which, in his or her judgment, may be necessary.

### Photographs and Media:

I give permission for any photograph, video, sound recording or written account of said participant, obtained during Bike Bus activities, to be used in informational and promotional materials for the Fairhaven Bikeway Committee.

Please check here if your child is a foster child or for any other reason should not be photographed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_