



Wheelie Good
— BIKE SHOP —

WHEELIE GOOD RIDE ACADEMY TECHNIQUES CLASS REGISTRATION

Parent/Guardian Name: _____ Phone: _____

Email: _____

Does your child have any special needs or health problems we should be aware of? _____

Participant Name: _____

First

Last

Nickname?

Text

Address: _____

Street Address

Apartment/Unit#

City

Zip Code

Age: _____ Birth date: _____ Gender: _____

Please Indicate Which Class You Are Registering For: 2-3 Year Old 4-5 Year Old 6-7 Year Old

Registration is \$30 per child. Checks can be made payable to Wheelie Good Bike Shop or send via Paypal to dss943@yahoo.com

I, the undersigned, hereby certify that I am the parent or guardian (Parent) of the child (Participant) indicated on this form, and, in exchange for the right of the Participant to participate in events and activities of the Wheelie Good Ride Academy Techniques Class, (WGRATC) relating to or occurring during the WGRATC, and for me to enter into the participants' area, give the following release and waiver. I hereby bind myself and the participant to the terms and conditions of this release and waiver. In addition to WGRATC, this release and waiver applies equally to the Event Location and Employees. Parent expressly agrees that Releasees shall not be liable for any damages arising from personal injuries sustained by Parent or Participant on or about the premises of Releasees or any area under control of Releasees or as a result of Parent or Participant using the facilities or equipment therein. Parent accepts full responsibility for any such injuries or damages which may occur to Parent or Participant on or about the premises or area under control of Releasees. Parent assumes full responsibility for any injuries, damages, or losses which may occur to Parent or Participant and forever releases and discharges Releasees and their owners, employees, and agents from any and all claims and/or damages.

I hereby grant Releasees the right to photograph, film, videotape, or otherwise record Parent's or Participant's image, voice, sounds, likeness, appearance, actions, name, and statements, including, without limitation, any endorsements Parent or Participant may make during our presence at the events or activities set out above. Releasees shall own all copyright and other rights to the above described materials and Releasees may use such materials in any manner and in perpetuity. By signing this form you are agreeing that Releasees may contact you via email or other means with relevant information and promotions. You will be able to opt out of these emails upon initial receipt.

Parent Signature: _____ Date: _____