



RIALTO ON WHEELS EVENT – RELEASE OF LIABILITY

PARTICIPANT NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ PHONE: _____

DATE OF BIRTH: _____ AGE: _____

IF SIGNED BY PARENT/GUARDIAN

PARENT/GUARDIAN NAME: _____

The Big Wheel BMX Rideout, Safe Moves Safe City Demo, and/or the Free Ride Area at the Rialto on Wheels event on April 26, 2025, hosted by Don's Bicycle Store and the City of Rialto. I understand I am participating at my own risk. Any action I take and/or use of equipment and services by Don's Bicycles Store and/or the City of Rialto are of my own choosing for myself and/or my minor children and I and/or my family members agree to the following:

I acknowledge that I am at least 18 years of age or have a parent or guardian with me assuming all risks of any activities at this event.

AGREEMENT TO FOLLOW INSTRUCTION

- A. I agree to listen to and pay attention to all rules, directions and warnings given by Don's Bicycle Store and/or the City of Rialto, their employees, staff, and volunteers.

ASSUMPTION OF THE RISKS AND RELEASE

- B. My choice to participate in the activities is knowing, voluntary and made for my enjoyment. I recognize that there are certain inherent risks associated with these activities and I accept full responsibility for personal injury to myself and (if applicable) my minor children, and further release and discharge Don's Bicycle Store, the City of Rialto, all their employees, and volunteer staff for physical and/or psychological injury, pain suffering, illness, disfigurement, temporary or permanent disability, death or economic loss occurring out of my or my family member's participation and/or use of equipment belonging to Don's Bicycle Store and the City of Rialto, all their employees, staff and volunteers, whether caused by me or my children, Don's Bicycle Store and the City of Rialto that occurs during the course of the event.

EXPENSES

- C. I agree to pay for any and all damages caused to Don's Bicycle Store and/or the City of Rialto equipment and/or property, as a result of my and/or my children's negligent, reckless or willful actions.

ENFORCEABILITY

- D. This Release of Liability shall be binding upon and enforceable against me, my representatives, spouse, assignees, heirs, and next of kin without limitations. It is my desire and intent that the word, terms, provisions, covenants, and remedies contained in this waiver shall be enforceable to the fullest extent permitted by applicable law. If any portion of this waiver is deemed invalid, the remainder shall not be affected and shall continue in full legal force and effect.

EMERGENCY CONTACT

- E. In case of an emergency, please call:

Name: _____

Relationship: _____ Phone: _____

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND I AM AWARE THAT THIS IS A RELEASE OF LIABILITY. I CERTIFY THE INFORMATION I PROVIDED IS COMPLETE AND TRUE.

SIGNATURE OF PARTICIPANT

DATE: _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)

DATE: _____