

Please click [here](#) to **REGISTER** for the Bike Ride 2025.

## **BIKE RIDE WAIVER & RELEASE OF LIABILITY**

**Event:** District 4 Community Bike Ride 2025

**Organizer:** Office of Councilmember Latisha Johnson

**Event Dates:** June 19, July 31, August 28, 2025

**Location:** Various District 4 Neighborhoods, Detroit, MI

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## **PLEASE READ CAREFULLY BEFORE SIGNING**

By signing below, I acknowledge and agree to the following:

### **1. Assumption of Risk**

I understand that participating in a community bike ride involves physical activity that carries the risk of injury or harm, including but not limited to falls, collisions, traffic accidents, and environmental hazards. I voluntarily choose to participate and assume all risks associated with this activity.

### **2. Waiver and Release**

I hereby release, waive, discharge, and hold harmless Councilmember Latisha Johnson, the City of Detroit, event sponsors, volunteers, and all affiliated organizations from any and all claims, demands, or liability for injury, loss, or damage to my person or property incurred in connection with this event.

### **3. Medical Consent**

In case of emergency, I authorize medical treatment deemed necessary by event staff or emergency personnel. I am solely responsible for any medical expenses incurred as a result of my participation.

### **4. Photo/Video Release**

I give permission for photos and/or video footage taken during the event to be used for promotional or informational purposes by the organizers without compensation.

### **5. Helmets and Equipment**

I understand that helmets are optional for this ride but are strongly encouraged for my safety. If I choose not to wear a helmet, I do so at my own risk. I am responsible for ensuring my bicycle is in good working condition.

PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If participant is under 18 years old, parent/guardian must complete below.)

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PARENT/GUARDIAN CONSENT (For Minors)

I am the parent or legal guardian of the above-named minor and consent to their participation. I have read and understood the waiver and agree to its terms on behalf of the minor.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Waiver will be available on the day of the event.**