

**INFORMED CONSENT**

Beachwood Bicycles Group Rides



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I, (print name) \_\_\_\_\_ deny possessing any medical condition that may put me at risk while participating in group bicycling rides, events, and/or clinics hosted by Beachwood Bicycles and/or its ride leaders and employees. I understand that I participate in these activities voluntarily and at my own risk. I will not hold Beachwood Bicycles, Inc. or any of its ride leaders/employees accountable for any injury, illness, death, and/or other life-threatening circumstance that I may incur while participating in these group bicycling rides, events, and/or clinics. I understand that by signing this waiver once, I am agreeing to these conditions for any and all dates on which I participate in these activities organized by Beachwood Bicycles, Inc. This agreement also assumes that I will notify Beachwood Bicycles, Inc. of any change in my medical status. I understand the risks involved in participating in these activities and ride at my own risk. Helmets are mandatory. Road Id and cell phone encouraged.

X \_\_\_\_\_

(Signature)

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(Date)

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Emergency contact name and phone#