

**Hold Harmless Agreement & Emergency Form**

Program: Claremont Senior Bike Group Participant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone ( ) \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

**Hold Harmless Agreement**

I, the undersigned, in consideration of voluntarily choosing to participate in this/these program (s), and intending to be legally bound for myself, my heirs, executor and administrators, do hereby release and discharge the City of Claremont and its officers agents, directors, employees and contractors, jointly and severally, from any and all liability from personal injury, accident, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of or resulting from my participation in the above mentioned program (s), and I expressly assume ALL risks of my participation in this/these program (s), including, without limitation, injure as a result of the acts of omission of the above parties or some defect in or on their property of any of them, whether caused by negligence or otherwise, except for illness and injury resulting directly and solely from gross negligence or willful misconduct on the part of the CITY, its contractors or its employees. I agree to indemnify, save, hold harmless and defend each and every of the above parties of and from any and all loss, damages, expenses, costs, and attorney's fees arising out of or resulting from my participation in this/these program (s). I am participating at my own risk. I acknowledge that the potential for injury varies significantly depending on the type of excursion and the intensity involved. I certify that I have read and understand this waiver and release and have placed my signature below. Participants involved in the City of Claremont Human Services programs may be photographed and such photographs may be used to publicize City programs without compensation and without further permission.

**Consent to Treat**

In the event of sudden illness, accident or injury, which may occur while I am engaged in the above program (s) sponsored by the City of Claremont, if a designated family member, cannot be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment, as shall be necessary under the circumstances, by any physician licensed under the laws of the State of California.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Participant

**Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*\*\*In the event of an emergency, please list any information you would like the responders to know; (health conditions, allergies, medications, etc...)

\_\_\_\_\_  
\_\_\_\_\_

**Transportation Information**

It is required that trip participants provide or arrange their own transportation to and from the trip departure location.

Method of transportation: \_\_\_\_\_