

## **Bike Trip Equipment List**

The following equipment is required for an Everett Parks Bicycle Trip.

### **Equipment List**

**Bicycle in working condition and approved helmet ( see the type of bike required under the trip description ( Mountain bike or road bike)**

Bike water bottle

Long comfortable pants to cycle

Warm top of some kind or Short-sleeve shirt for warm weather

Socks

Cycling shoes (tennis shoes are ok)

Rainwear (ponchos are cheap and work well)

Jacket

Patch kit for innertube

Extra innertube that fits your bike.

Small backpack or rack bag to carry personal items while biking

High Energy Snack Food

### **Suggested but not required:**

Bike gloves

Bike lock

Chapstik

Sunscreen

Camera/film

Sunglasses

Chain Lubricant

Tire pump

We want you to enjoy your trip, but we want you to enjoy it safely. For your safety and in consideration of other members of the trip, follow the rules and have the basic safety equipment.

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**EVERETT PARKS AND COMMUNITY SERVICES**

Program: **2020 Outdoor Programs**

Instructor: **All**

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

(Optional) Please list any medical conditions and medications you currently take in the event emergency medical aid becomes necessary: \_\_\_\_\_

**EMERGENCY CONTACT**

Name Relationship

Phone (Day) Cell Phone (Evening)

**CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE.**

To the fullest extent permitted by law, in consideration of the City of Everett granting me/my child the opportunity of attending or participating in **Everett Parks Recreation Programs** for the purpose of leisure enjoyment; and recognizing the fact that no benefits are derived by the City of Everett by allowing me/my child to attend or participate, I hereby release and hold harmless the City of Everett, its officers, employees, agents and volunteers from any and all liability claims, damages, costs, and expenses for both personal injury and/or property damage which may arise as a result of my or my child's participation in the program. I agree to assume all risks associated with the program.

In case of any emergency, and you are unable to contact me/us and/or you believe it is necessary to obtain the services of a doctor and/or hospital without first contacting me/us, I hereby authorize you and my doctor or hospital to immediately render all services and treatment deemed necessary at my/our expense.

I certify that the above information is true, correct, and complete. I understand that I/my child may become ineligible for any misrepresentations, falsifications or omissions in the above statements.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release printed above.



Signature of Participant or Parent/ Guardian if participant is under 18 Date

**PHOTO/VIDEO RELEASE:** I hereby grant permission and authorize the City of Everett to use, publish, copyright, and re-publish my photograph/video or my child's photograph/video in whole or in part, unchanged or modified, in all media that exists now or later, for purposes of promoting, describing and advertising City facilities and events and programs sponsored by the City of Everett. I also release and waive any and all claims against the City for such use, publication and re-publication. I have read, understood, and voluntarily accepted the conditions of the Photo/Video Release printed above.



Signature of Participant or Parent/ Guardian if participant is under 18 Date

**REGISTRATION NOT VALID WITHOUT SIGNED WAIVER**

**I hereby affirm that the information on this Hold Harmless and Medical History is current and correct.**

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