

**Agreement to Release Assumption of Risk and  
Agreement to Hold Harmless**

The undersigned is aware that there are certain inherent risks involved in participating in Phoenix Bikes programs, including but not limited to the risk of theft or of damage to my property, and the risk of personal injury from participating in recreation activities. In consideration of my being granted permission to participate in these activities and to use the facilities of Phoenix Bikes, Greenbrier Learning Center, and Arlington County and/or other activities and services provided by Phoenix Bikes or Greenbrier Learning Center, its agents and employees, including food service, training, riding, and other program related activities, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify Phoenix Bikes, Greenbrier Learning Center, Arlington County, and all of their officers, departments, agencies, agents and employees from any and all claims, (except claims based on malicious conduct by Phoenix Bikes or County officers and employees), lessees, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from arising out of or in any way connected to my or my family's participation in programs.

I UNDERSTAND THAT BIKE BUILDING, RIDING, AND OTHER VOLUNTEER ACTIVITIES HAVE A RISK OF INJURY.

I HAVE READ AND UNDERSTAND THIS HOLD HARMLESS AGREEMENT AND BY MY SIGNATURE AGREE TO ITS TERMS. NO ACCIDENT OR MEDICAL INSURANCE IS PROVIDED FOR PARTICIPANTS BY PHOENIX BIKES, GREENBRIER LEARNING CENTER OR ARLINGTON COUNTY.

**Name of Volunteer:** \_\_\_\_\_

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photography Release**

I give Phoenix Bikes permission for any responsible use of photographs taken at PHOENIX BIKES sponsored events in which I appear, or in which my family member and/or daughter/son appears. I understand that the photographs may be used in displays, publications, or sent to the press for publication in a newspaper or use on television.

**Name of Volunteer:** \_\_\_\_\_

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list any food allergies, medical allergies, or other conditions or limitations that you would like Phoenix Bikes to be aware of: