



COMMUNITY BIKE RIDE  
HOLD HARMLESS/PHOTO & VIDEO RELEASE

CITY OF PICO RIVERA  
DEPARTMENT OF PARKS AND RECREATION  
6767 PASSONS BLVD.  
P.O. BOX 1016  
PICO RIVERA, CA 90660  
WWW.PICO-RIVERA.ORG

I \_\_\_\_\_ acknowledge my participation and/or children will participate in the following community event:

Event: Pico Rivera Community Bike Ride  
Date: Saturday, July 31, 2021  
Event Time: 8:00a.m. – 11:00 a.m.  
Location: Smith Park, 6016 Rosemead Blvd., Pico Rivera, CA 90660

I understand the term “I”, “me”, “my”, and/or “we” refers to myself and any youth participant(s) that I am parent and/or guardian of, which I am representing, and that the term “group” means the individuals listed as participants below.

I agree to waive and release the City of Pico Rivera and its affiliates, including: Los Angeles County Sheriff Department, 32<sup>nd</sup> Senate District office of Senator Bob Archuleta, 38<sup>th</sup> District Congresswomen Linda Sanchez, 58<sup>th</sup> District office of Assembly member Christina Garcia, Los Angeles County Bicycle Coalition, and the County of Los Angeles, and each of their respective employees, officers, volunteers, and agents, from and against any and all claims, suits, cost, liabilities, fees, and damages of any kind or nature, whether expressed or judgments, including attorney’s fees and court costs (collectively, “claims”) arising from my participation in the City’s recreation program or any illness or injury resulting therefrom.

I further agree to indemnify and hold harmless the City of Pico Rivera and its affiliates (described above), from and against any and all such claims, whether caused by negligence or otherwise, except from illness and/or injury resulting directly from willful misconduct on the part of the City or its employees. I hereby voluntarily and knowingly agree to assume all of the foregoing risks and all other risks arising out of or related to this activity, and voluntarily and knowingly accept sole responsibility for any injury to ourselves (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that we may experience or incur in connection with the above-stated activity.

I understand and agree that by signing this waiver I am freeing the City of Pico Rivera and its affiliates (described above), and each of their respective employees, officers, volunteers, and agents from any liability resulting from my (or my group’s) participation in this event or activity.

I give my irrevocable, unconditional permission to the City of Pico Rivera and its affiliates (described above), to photograph/video me or (my group’s) participating in the program for use in the City of Pico Rivera and its affiliates (described above) publicity and publications and will not seek or be entitled to compensation for such.

I hereby represent that I understand and am familiar with the nature of the activities of this recreation program in which I will participate. I personally read and understand this release.

*Please Print Participant(s) Name*

*Signature of Participant (if minor; Parent or Guardian)*

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*Date:*

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