



## Athlete Permission to Ride Home

1750-1 30<sup>th</sup> St. #431  
Boulder CO 80301  
303-447-8014

Athlete Name: \_\_\_\_\_ Athlete Birth Date: \_\_\_\_\_

Parent agreement: In signing the Athlete Permission Slip to ride home from Singletrack Mountain Bike Adventures program activities, I recognize that there are certain risks. I therefore agree that my child and I will assume all of these risks and do hereby release and forever discharge Lake Eldora Racing Team Association, DBA, Singletrack Mountain Bike Adventures (SMBA) and its agents from and all injuries to my child and loss or damage to his property that may be sustained in consequence of any accident, injury or loss which may occur as a result of riding home.

This authorization is good for all 20\_\_\_\_ SMBA activities & trips.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_