



San Geronimo Valley Community Center  
 and  
 SGV Community Gym and LOFT  
 415.488.4118 x 219  
 gym@sgvcc.org



**SGVCC Mountain Bike Club Indemnification Form 2019**

Participants Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_

Cell Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

In case parents cannot be reached, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Medical Insurance # \_\_\_\_\_ Provider \_\_\_\_\_

Allergies: \_\_\_\_\_

I give my authorization for my child \_\_\_\_\_ to receive necessary medical treatment if it should be needed.

**Hold Harmless and Indemnification Agreement:** The undersigned agrees to defend, indemnify and hold harmless the Lagunitas School District and San Geronimo Valley Community Center, its Board of Trustees, agents and employees, individually and collectively, from all costs, losses, claims, demands, suits, action payments and judgments, including legal and attorney fees, recovered against any of the above that may arise for any reason from or during or alleged to be caused by the undersigned's participation in the voluntary community activity.

**Photo Release:**

I understand that photos of my child may be used for public relations and I give informed consent for the San Geronimo Valley Community Center to use my child's likeness in its i.e. newspaper, website, brochures, emails etc.

**Riding Home Release:**

My child \_\_\_\_\_ has my permission to ride his/her bike home after the Mountain Bike program concludes it's weekly ride. \_\_\_\_\_ Parent initials

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Trimester 1 \_\_\_\_\_ Trimester 2 \_\_\_\_\_ Trimester 3 \_\_\_\_\_