



BACK ALLEY BIKES YOUTH PARTICIPANT PERMISSION FORM

Parents and Guardians: To sign up your child for a program, please fill out the following application **with your child** and return it to Back Alley Bikes. A permission slip is required for each youth participating in any program. By signing this form you give Back Alley Bikes staff permission to contact you regarding your child/dependent's participation at Back Alley Bikes. **This form is valid for one year.**

YOUTH PARTICIPANT INFORMATION

Youth: Please fill out this part. If you need help, please ask your Parent or Guardian. ***Please print clearly.***

Youth First Name: _____ Youth Last Name: _____

Address: _____ City: _____ Zip: _____

Current Grade Level: _____ School: _____ School Zip Code: _____

Date of Birth: ____/____/____ Youth Cell Phone: _____

Youth Email: _____

Allergies/Health Concerns: _____

Please place a check mark next to your answer for the following question:

I identify my gender as: ____ Male/Boy/Man ____ Female/Girl/Woman ____ Transgender/Gender Non-Conforming

Youth Agreement

As a participant at Back Alley Bikes I agree to follow these guidelines:

- Sign in and Out
- Tag and Date bikes, parts, etc. you leave at BAB
- 30 day storage policy for tagged/dated items
- Closed toed shoes required
- No eating in the workshop
- No bullying/threatening language or behavior
- No horseplay

Tool Rules

- Tools do not leave the workshop
- No tools on the floor
- Use the right tool for the right job
- Only work on one bike using only one bench
- Clean up after yourself

By signing below, I acknowledge that submitting this permission slip and being present at the shop during any and all programming hours is not a guarantee that I will receive service or repairs, nor is it a guarantee that I will receive a bike. I understand that if I violate any of these guidelines I may be asked to leave temporarily or permanently at the discretion of Back Alley Bikes staff.

I agree to the guidelines of Back Alley Bikes:

Youth Printed Name: _____

Youth Signature: _____ Date: _____

Contact or Follow Back Alley Bikes!

3611 Cass Ave
Detroit, MI 48201
Phone: (313) 879-5630
Email: bab@thehubofdetroit.org

Website: <http://thehubofdetroit.org/back-alley-bikes/>
Facebook: [facebook.com/BackAlleyBikesDET/](https://www.facebook.com/BackAlleyBikesDET/)

We are located in the alley behind The Hub. From Cass, go west on Martin Luther King and turn into the dirt alley between a fenced in area and a grassy lot. You will find our entrance down the alley.

Parent/Guardian Information

Parents/Guardians: Please fill out the rest of this form. *Please print clearly.*

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

How did you hear about us (check all that apply)?

- Friend Family Member Website Flier in the Neighborhood
 Facebook Child's School Another After-School Program Other: _____

I agree to pick up youth by the end of any program OR allow them to go home in the following way:

- Walk/Bus/Bike home on own Get a ride home with _____

Media and Feedback Release

In consideration of the opportunity to participate in the programs offered by Back Alley Bikes I, hereby give permission to Back Alley Bikes, its employees, affiliates, representatives, contractors, agents and members of the media **to interview, audiotape, photograph, videotape, film, or capture by any other electronic means my/my child's image and speech**, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein **for the purpose of promoting the objective of Back Alley Bikes**. This includes the release of feedback and information as collected through surveys and evaluations for the purpose of program evaluation. Please check here if you **do not** give permission:

Release and Waiver of Liability Assumption of Risk and Indemnity Agreement

In consideration of being permitted to participate in any rides at Back Alley Bikes, I, _____ on this date, _____

ACKNOWLEDGE, agree and represent that I understand the nature of bicycling activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further acknowledge that the activities will be conducted over public roads and facilities open to the public during the activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activities.

FULLY UNDERSTAND THAT: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY PARALYSIS AND DEATH ("RISKS"); (b) These risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) There may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the Activity.

HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE Back Alley Bikes, their respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein), FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such claim.

Please read and check box below

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature of Parent/Guardian: _____ Date: _____