



## PMBA Youth Programs, Parent/Guardian Consent Form

NAME OF YOUTH (First, Last)

STREET ADDRESS

CITY, STATE, ZIP CODE

EMAIL ADDRESS

PHONE

Home:

Mobile:

### EMERGENCY CONTACT INFORMATION

NAME (Last, First)

PHONE

Home:

Mobile:

EMAIL ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

### CONSENT FOR YOUTH UNDER AGE 18

PARENT OR LEGAL GUARDIAN (First, Last)

PHONE

Home:

Mobile:

EMAIL ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

I affirm that I am the parent/guardian of the above named youth. I hereby release from liability, discharge, hold harmless, and relinquish and waive any liability of the Prescott Mountain Bike Alliance (hereinafter referred to as PMBA) its members, board members, officers, volunteers, and representatives and hereby assume the risk of any physical or mental injury, aggravation of any pre-existing illness or condition, permanent disability or death, property damage or other loss that may be sustained by the youth from participating in PMBA-organized or sponsored rides and activities. I hereby authorize PMBA to use, without paying compensation, the above named youth's likeness in any publication for promotion of PMBA organized or sponsored activities.

I give my permission for \_\_\_\_\_ to participate in PMBA-organized ride and clinic programs.  
(NAME OF YOUTH)

Parent/Guardian Signature

Date

Please list any allergies or other conditions that might impact your child's participation in Prescott Mountain Bike Alliance's programs.

