

Date \_\_\_\_\_

Berston Field House  
3300 North Saginaw Street  
Flint, Michigan 48505



**BBCP**   
BERSTON BICYCLE CLUB PROJECT

**Permission Slip for Berston Bicycle Club Project**

Kentakee Athletic & Social Clubs would like to request permission for

\_\_\_\_\_ to participate in Berston Bicycle Club  
*(Child's name)*

Project activities. The bicycle club will ride in and around Flint, MI, (weather permitting), three (3) days per week (Monday – Wednesday – Friday) from 4 pm – 7 pm:

For more info contact: **Angela (810) 422 -5446**

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*(cut along dotted line and return this half)*

**Permission Slip for Berston Bicycle Club Project**

I give permission to my child \_\_\_\_\_  
*(Last) (First)*

to participate in the Berston Bicycle Club Project.

I can be reached during the hours of cycling at: (\_\_\_\_\_) \_\_\_\_\_  
*(Phone number)*

\_\_\_\_\_  
*(Signature of parent/ guardian)*



**KASC**

Kentakee Athletic & Social Clubs

501c3

Date \_\_\_\_\_

Berston Field House  
3300 North Saginaw Street  
Flint, Michigan 48505



Liability Waiver: The Berston Bicycle Club Project

In consideration of \_\_\_\_\_ (PRINT minor's name) being permitted to participate in the Berston Bicycle Club Project, I hereby release and agree to indemnify and hold harmless Kentakee Athletic & Social Clubs and its regents, officers, employees and agents from any injury, loss, damage and liability from the use of equipment and activities associated with the bike club. I acknowledge that I understand the content of this document. I am aware that it is legally binding and I sign it out of my own free will.

Participants Name <i>(please print)</i>		Age	
Parent/ Guardian Name <i>(please print)</i>			
Parent/ Guardian Signature		Date	



Date \_\_\_\_\_

**RELEASE for Media Recordings  
(video, photographs, or audio recordings)**

I hereby grant permission for Kentakee Athletic & Social Clubs (KASC) and certain agencies or entities contracted by KASC, to record my and/or my child's participation and appearance by photograph and/or videotape in connection with KASC programs or activities. No reference to specific location or other identifying information will be associated with the recording.

KASC and its contracted agencies are authorized to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose KASC deems appropriate. Such purposes may include reporting, staff training tools, assessment programs, or promotional tools and be delivered via newspaper, magazines, journals, television, the web, or other communications media.

The undersigned agrees to release KASC and other entities contracted by KASC from any liability in connection with the use of such recordings or photos.

Child's Name  
(please print) \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city, state, zip)

Phone Number \_\_\_\_\_  
(home) (cell)

