Borough of Bergenfield

Police Department

198 North Washington Avenue Bergenfield, New Jersey 07621



Phone 201-387-4000 Fax 201-387-0141

Mustafa Rabboh Chief of Police

ADULT/CHILD CONSENT WAIVER FOR BICYCLE EVENT RIDE ALL PARTICIPANTS MUST COMPLETE THIS FORM

	ntarily agreed to participate in a program of the
Borough of Bergenfield and the Bergenfield Police Department., whereby I will be participating in a bicycle riding event to	
promote safety and the well being of enjoying outdoor activities and exercise.	
I accept full responsibility for my participation and I assume all risks and hazards incidental to such participation. I	
understand that these activities can be potentially dangerous. I understand that the Borough of Bergenfield and the	
Bergenfield Police Department does not provide insurance coverage to any participant for liability, including medical	
coverage, accidental death or injury.	
I hereby release and give up any and all claims and rights that I may ha	ave now or at any time in the future against the
Borough of Bergenfield and the Bergenfield Police Department including their employees, elected or appointed officials,	
organizers, sponsors, supervisors, participants, officers, agents, volunteers and officials from and against any loss, damage,	
liability, judgment or demand including attorney fees and defense costs which arise out of injuries to persons, including	
death, or damage to property caused by that party, his employees, agents or any other person or persons.	
The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities	
involved are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and	
personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,	
I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE	
NEGLIGENCE OF THE Borough of Bergenfield or other	rs, and assume full responsibility for my participation;
and,	
I have reviewed and will adhere to all of Governor Murphy's Executive Orders, The Centers for Disease Control and	
Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for Covid-19 in all respects while	
conducting <u>Bicycle Event Ride</u> ; and,	
This release shall constitute a release for all claims, including those that I am unaware of whether the result of negligence or	
for any other cause.	
I am bound by this release and anyone who succeeds my rights and responsibilities, such as heirs or executors, are also	
bound. This release is made for the benefit of myself and responsibilities under the release.	
I fully understand and agree with the terms of this release. I am making this release of my own	
free will and choice and represent that this is a voluntary act on my part.	
Parent/Guardian Signature:	Witness:
Parent/Guardian Name:	Date:
i arone Guardian Name	<u> </u>
Print Child's Name:	
Address:	