

PEARLAND BMX

2932 Manvel Rd <> Pearland, TX 77584

Operated by Pearland BMX Incorporated - contact #281-485-0337
Jennifer Gilbert, Private Party Coordinator – contact #281-757-2380

APPLICATION FOR USE OF FACILITY DURING SPECIAL EVENT

I hereby make application for limited use of PEARLAND BMX (bicycle motocross facility). I agree to comply with all facility rules/regulations for all activities and understand that I am fully responsible for my actions.

I understand this application will be valid for the use of the PEARLAND BMX facility only – on

(Date) _____ Time period _____ for _____ Private Party

Event Participant (please print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Date of Birth: _____ Age: _____

SAFETY EQUIPMENT REQUIREMENTS:

Every rider must wear:

- ❖ a properly fitting helmet (full face preferred but not required)
- ❖ long pants (coverage to the ankles), long-sleeved shirt or short sleeves with elbow pads
- ❖ shoes that completely enclose foot

Bicycles must be in good working order with:

- ❖ all chain guards, pegs, reflectors and kick stand removed
- ❖ a working brake (hand rear brake or coaster brake is acceptable)
- ❖ complete bar end plugs (end of handlebars – no exposed metal)
- ❖ a full pad set (top tube, cross bar and stem all padded)

WAIVER OF CLAIM – MEDICAL RELEASE

In consideration of my participation (or the minor child being permitted to participate) in all bicycle motocross activities, I hereby agree to indemnify and hold blameless PEARLAND BMX Incorporated, its officers, employees or agents from any and all liability from damage, loss or injuries either to person or property, which myself or the said minor may sustain while engaged in any activity conducted by or in connection with PEARLAND BMX Incorporated.

I further certify that I have custody or I am the legal guardian by court order of the minor child. I further allege that I am (or the said minor) is physically able to participate in the activity set forth herein. I further agree to reimburse or make good any loss or damages or costs that PEARLAND BMX Incorporate may have to pay if any litigation arises on account of any claim made by myself or by/on behalf of said minor(s).

I agree that in the event I or said minor requires medical or surgical treatment while under the supervision of PEARLAND BMX Incorporated recreational personnel in connection with any sponsored activity such supervisor may authorize treatment. I also agree to pay for all medical, hospital, or other expenses which I or said minor may incur as a result of such treatment.

SIGNATURE OF RIDER (if a minor, Parent or Guardian must sign): _____