

MINOR PARTICIPATION CONSENT & ACKNOWLEDGMENT OF RISK

J.R. Alford Greenway — Mountain Bike Skills Training Course

Leon County Parks & Recreation | Pursuant to §316.0085, Florida Statutes

PARTICIPANT (CHILD) INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

PARENT / LEGAL GUARDIAN INFORMATION

Full Name: _____

Relationship to Child: _____

Home Address: _____

Phone: _____

Email: _____

CONSENT TO PARTICIPATE (Required for Children Under 17)

I, _____, certify that I am the parent / legal guardian of the child named above and hereby give written consent for my child to engage in **mountain and off-road bicycling** at the designated **Mountain Bike Skills Training Course at J.R. Alford Greenway** operated by Leon County Parks & Recreation. This consent is provided to satisfy **§316.0085, Florida Statutes**.

I have read the posted rules and safety information for the course and have explained them to my child.

My child will ride within their ability, maintain control, and avoid conduct that could cause injury to self or others.

If my child is under 16 years of age, I will ensure they wear a properly fitted bicycle helmet as required by law (**§316.2065, F.S.**).

I understand that mountain biking involves inherent risks, and that participants assume those known and unknown risks (**§316.0085, F.S.**).

SIGNATURE

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date (MM/DD/YYYY): _____

SUBMISSION & VERIFICATION

Deliver this signed form to **Leon County Parks & Recreation**, 1907 S. Monroe Street (in person, by mail) or electronically by email at **ParksandRec@LeonCountyFL.gov**.

This form becomes a public record under Florida law and may be disclosed upon request (subject to any applicable exemptions that may be on file with Leon County).

FOR COUNTY USE ONLY

Received By: _____

Date Received: _____

Method (In-Person / Email / Online / Mail): _____