Big Cedar Wilderness Trails Minor Waiver 5950 Eagle Ford Drive, Dallas, Texas 75249

Trail Steward: Oscar Paredes email:bigcedar@dorba.org Phone:972-296-8919

This form must be completed for all minors wishing to ride bicycles in BCWT. This form will remain on file for the remainder of the current calendar year. *Those riding without this form on file will be considered trespassing.*

Participant's Name:	Age:	Gender: Female Male (Circle one)	
Address:Father's Name:	City:		
Father's Name:	Living	with child? Yes No	
Mother's Name:	Living	with child? Yes No	
Home Phone:	Cell Phone:		
Father's Name: Mother's Name: Home Phone: Person responsible for child: Allergies:	Emerge	ncy Contact Number(s):	_
Person responsible for child:Allergies:	Physician's Nam	e and Phone:	-
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WILDERNESS TRAILS. Notice: Approved helm activities while at BCWT.	ets must always be worn	during any and all bike riding	
Participant's Name:			
Participant's Name:		0. / /	
Parent's Signature (for minor):	Dat	e/	
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