

**Big Cedar Wilderness Trails Adult 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 adults 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: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Emergency Contact: _____
Number(s): _____ Allergies: _____ Physician's Name and Phone: _____

*I, _____, assume all responsibility and liability for participating in activities including but not limited to Mountain Biking Activities at Big Cedar Wilderness Trails (BCWT), a ministry of Mountain Creek Community Church. I certify that I am physically and mentally fit for all BCWT activities and will obey all BCWT staff, counselors, and rules. I give my permission to use pictures in which I am a participant to appear in camp brochures, flyers, or other promotional material used by the BCWT. I grant my permission in case of injury, accident, or illness, for me to be treated by qualified medical personnel or a member of the BCWT staff and I agree to pay for all such treatment. Further, **I UNDERSTAND THAT MOUNTAIN BIKING AND SOME RELATED ACTIVITIES OFFERED MAY HAVE SOME RISK OF INURY. I RELEASE BIG CEDAR WILDERNESS TRAILS, BEAR MOUNTAIN OUTDOOR EDUCATION, DALLAS OFF-ROAD BICYCLING ASSOCIATION (DORBA,) MOUNTAIN CREEK COMMUNITY CHURCH, AND THEIR OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, EMPLOYEES, AND VOLUNTEERS, FROM ANY AND ALL RESPONSIBILITY, LIABILITY, OR CLAIMS (INCLUDING ANY OF SUCH BASED UPON THEIR ALLEGED NEGLIGENCE), FOR PERSONAL INJURY, DAMAGES, ACCIDENT, OR ILLNESS INCURRED BY ME, ARISING FROM OR RELATED TO MY PARTICIPATION IN ANY ACTIVITY AT OR CONNECTED WITH BIG CEDAR WILDERNESS TRAILS. Notice: Approved helmets must always be worn during any and all bike riding activities while at BCWT.***

Participant's Printed Name: _____ Participant's Signature: _____ Date: ____/____/____