

**UT Health Science Center at San Antonio
Police Department**

Bike Rodeo Liability Release/Registration Form

Participants Name: _____ Date of Event: _____
Age: _____ Grade: _____
Sex: _____
Parents: _____
Person's name dropping off and picking up child: _____
Phone number of person picking up child: _____

In consideration of Participant being allowed to participate in the Bike Rodeo, I hereby agree to release The University of Texas Health Science Center at San Antonio, its Police Department, its officers and employees, The State of Texas and any other Police Department or their officers who are assisting, from any liability in the event of personal injury, property loss or property damage during the attendance, performance of and/or participation in the Bike Rodeo event held at UT Health Science Center located at 7703 Floyd Curl Drive, San Antonio, Texas 78229.

May we have permission to use child's photo for future news releases? Yes/No

Signature of parent or guardian: _____

Emergency contact information:

Name: _____

Relationship: _____

Phone #: _____