

**Community bicycle safety is brought to you by...**



## 6th Annual Victor BIKE RODEO

Saturday, June 12th at 9:30 a.m.

Mead Square Park & Victor Library Parking Lot

FREE, but pre-registration is recommended.

- ❑ **Grades K-5, Parents come and watch!**
- ❑ **Ontario County Sheriff's Patrol *Bicycle Skills Course***
- ❑ ***Bike inspection* by Trailblazers Bike & Sport**
- ❑ **"NEW" Bike Helmet to the first, (25) registered participants courtesy of Finger Lakes Gaming & Racetrack!**

Participants will get their bikes inspected and participate in a series of events and obstacles.

**For more information, contact the Parks and Recreation Department at (585) 742-0140 or Mike Stockman, Assistant Director of Parks and Recreation at (585) 742-0147.**

Please return completed form to: Town of Victor Department of Parks and Recreation  
1290 Blossom Drive  
Victor, New York 14564

-----  
**Registration form: Bike Rodeo / June 6 / Mead Square Park & Victor Library / FREE / Program #13810**

Child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Grade

### **WAIVER FOR PARTICIPATION**

I HEREBY UNCONDITIONALLY RELEASE THE Town of Victor Parks and Recreation Department and the Village of Victor from any and all responsibility or liability for any injuries which may be sustained by me or my minor child(ren) in relation to participation in any of the Victor Parks and Recreation programs or activities with the Parks and Recreation Department. I acknowledge that neither myself or my child(ren) suffer from any physical impairments and have no limitations upon engaging in activities with the Parks and Recreation Department. I unconditionally release the Town of Victor and the Village of Victor and its agents or employees from any and all liability for injuries and understand and acknowledge that the Town of Victor Parks and Recreation Department carries no liability or accident insurance. In the event that my child(ren) is injured, I authorize the party or person in charge of my child(ren)'s activities to seek medical care. I acknowledge and understand that I will be solely responsible to pay the cost of such care. And I further release and hold harmless the Town of Victor and its Parks and Recreation Department and the Village of Victor for any medical arrangements or care provided myself or my minor child(ren).

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN