

## SHOP HAND AND POWER TOOL WAIVER AND INDEMNIFICATION

Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

Please carefully read this form. It is a legal document that affects your legal rights.

I, \_\_\_\_\_, desire to participate in Key City Bike's community shop space and to use approved hand and power operated tools in activities related to the scrapping, building, repairing and reclaiming of bicycles. I understand that using these tools can be dangerous and can create certain risks, including, but not limited to personal injury, illness, death, or property damage. I choose to use these types of tools at my own risk, and I agree to release, hold harmless, and covenant not to sue Key City Bike, their employees, agents, assigns, or any volunteer, participant, or spectator of Key City Bike for any claim of ordinary negligence arising out of my participation in Key City Bike's community shop space. I understand that this release, hold harmless, and covenant not to sue is limited to claims for ordinary negligence and in no way shall be construed to release claims for conduct that constitutes greater than ordinary negligence, conduct that constitutes reckless or grossly negligent conduct, or willful, wanton or intentional acts, or claims I may have that are beyond simple negligence.

Furthermore, I agree to follow the rules implemented by Key City Bike staff and/or volunteer crew leaders and will follow Key City Bike safety policies. I affirm that I am capable of using tools I am borrowing and I will use the tools I am borrowing in a safe and proper manner. I understand that if I violate any of the rules or safety policies, I will no longer be allowed to use shop tools at Key City Bike.

\*Participant Name (Print) \_\_\_\_\_

\*Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**(\*If under 18 years of age\*)**

Legal Guardian Name (Print) \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Key City Representative (Print) \_\_\_\_\_

Key City Representative (Signature) \_\_\_\_\_ Date \_\_\_\_\_