

# *12 Hours At Night Mountain Bike Ride*

June 13-14, 2015

## WAIVER and RELEASE

All participants must supply a completed waiver and release in order to race.

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT OF WAIVER AND RELEASE FROM LIABILITY (AWRL).

I acknowledge that this athletic event is an extreme test of a person's physical and mental limit, and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event. The risks are not only inherent to athletes, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified person. I acknowledge that this Accident **Waiver** and **Release of Liability** form will be used by the event holders, sponsors, and organizers of events in which I may participate and that it will govern my actions and responsibilities at said event. This event includes but is not limited to mountain bike riding at night on off road trails.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all **liability** for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to, from, and during this event. THE FOLLOWING ENTITIES OR PERSONS: GO Adventure Recreation LLC, Yavapai County, The City of Prescott, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, property owners, or any other associated organizations including their Public Service Departments: (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releasees or otherwise.

I hereby consent to receive any medical treatment that may be deemed advisable in the event of injury, accident, and or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be owned by and used for any legitimate purpose by the event holders, producers, sponsors, organizers or assigns.

This Accident **Waiver** and **Release of Liability** is legally binding, and shall be construed broadly to provide a release and **waiver** to the maximum extent permissible under applicable law.

**I hereby certify that I have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release.**

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**If under 18 years of age, must be signed by Parent or Guardian below.**

Signed \_\_\_\_\_ Date \_\_\_\_\_