

Family Waiver Form (parent and children participating)

Waiver and Release of Participant in October 13, 2018, Mountain Bike Cyclocross Race

I, the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, for death, personal injury, loss of property, or property damage I may have or that may subsequently accrue to me, or my heirs, executors, administrators, or assigns, as a result of my and my children’s participation in the Mountain Bike Cyclocross Race. I, the undersigned, for myself and my participating children, discharge and release in advance the promoters, sponsors, volunteers, the Friends of the Farm, the City of Bainbridge Island, Rob Ferguson, Kia Micaud, the Bainbridge Island Mountain Biking Club, the Gear Grinders, members and volunteers, and their respective agents, without limitation, from any and all liability connected in any way with my participation in the events at the October 13, 2018 Mountain Bike Cyclocross Race, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I acknowledge that the Mountain Bike Cyclocross Race extends up and down steep hills and on uneven terrain and over obstacles. My participation is voluntary and done at my own risk. I voluntarily assume all risks of loss, damages or injury that may be sustained while participating in this event. I attest that I am physically fit, sufficiently trained for this kind of event and will use a bicycle suitable for the conditions. I agree that medical or other services rendered to me by, or at the instance of any of the persons or entities mentioned above is not an admission of liability and that to provide or continue to provide any such services, is not a waiver by any of the persons or entities mentioned above of any right under this waiver and release.

I further understand that serious accidents occasionally occur during bicycle races and that participants in bicycle races and related events occasionally sustain mortal or serious personal injuries or property damages as a consequence of such participation. I voluntarily and knowingly assume such risks named above and release and hold harmless all the persons and entities mentioned above who through their negligence or carelessness or otherwise, might be liable to me, or my heirs, executors, administrators or assigns, for any damages to me or my participating children. I attest that the bicycle and equipment I and my participating children will use for this event are in good mechanical condition and suitable for use in the event. I agree to accept and abide by the rules and regulations of the Revised Code of Washington, the Municipal Code of the City of Bainbridge Island and to obey the directions of the designated officials. I understand that wearing a helmet can prevent serious injury and that approved helmets are mandatory for all participants.

In further consideration of my participation in the Mountain Bike Cyclocross Race, I grant full permission to the Friends of the Farm, the Gear Grinders, the Bainbridge Island Mountain Biking Club and agents authorized by the promoters to use photographs, videos, and any other record of the Mountain Bike Cyclocross Race, including my name, likeness and voice for any legitimate purpose.

For my children I am registering a child under the age of 18 (or an incapacitated adult), I represent and warrant that I am the parent or legal guardian of that party and have the legal authority and capacity to enter into this Waiver on his/her behalf and by proceeding with registration for the event, I agree that the terms of this Agreement and Waiver shall apply equally to all parties associated with the event.

I have read and understand everything written above and I voluntarily sign this waiver and release. This form is invalid without a signature.

Parent’s Printed Name: _____

Signature: _____ Dated: ____/____/_____

CHILDREN PARTICIPANTS UNDER THE AGE OF 18 YEARS (A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW)

Name of child under 18 _____

Name of child under 18 _____

Name of child under 18 _____

Printed Name of Parent/Guardian: _____

Signature: _____ Dated: ____/____/_____