







## **Entrance Form and Waiver**

First Name:		Last Na	Last Name:				
Street A	Address:						
City:					State:	Zip:	
Telepho	one: ( )		E-mail Add	lress:			
Emergency Contact: (must have)						)	
Registr	ation fee: <b>\$85.0</b> 0	0 per participant					
Solo:	☐ Solo male	☐ Solo female	Skill Level:	□ Expert □	Intermediate	☐ Novice	
Team:	☐ 2-person tear☐ All male ☐	m □ 5-person te I All female □ 0	am 🗖 5-perso	on single speed	☐ Corporate	e (6-10 members)	
Team volunteer:					(each team	must provide an event volunteer)	
Age:		r 🖵 17 to 30			□ 46 and up	)	
T-shirt	size: (choose one			L 🗆 XXL	$\square$ XXXL		
• The ent	ry fee includes a T-	ll out an entrance form shirt, lunch after the e Warrior's Society and	event and awards for	or top finishers.			
		WA	IVER AND REI	LEASE FROM	LIABILITY		
damage a have suff application	and property loss. I	hereby assume all the participation in this en to participate in this	risks of participati vent and have not b	ng in this event re been advised other	gardless of their owise by a qualific	cause. I certify that I am physically fit, ed medical person. In consideration of my administrators, heirs, next of kin	
any Bik	Waive, Release and Forever Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or any actions of any kind which may hereafter accrue to me from this event the following entities or persons: The Warrior's Society Mountain Bike Cub, including their officers and members, support volunteers, the sponsors of the event, the Silverado Ranch, Daniel Dulac and Diane Lopez.						
(B) I ac disq even of the	knowledge that the qualification from th nt I am entered in. he event officials o	ne event and forfeiture I <b>understand and a</b>	of my event fee. In the contract of the contra	agree it is my sols s may arise during Hold Harmless the	le responsibility ng the events tha entities or persor	to abide by these rules will result in my to be familiar with the course for this t may be beyond the immediate control as mentioned in section (A) from any and	
(C) I he for a	I hereby consent to receive medical treatment which may be deemed advisable during this event and understand that I am solely responsible for all costs relating to medical transportation and evacuation. I also agree that I may be removed from participating in the event if the Even Officials believe that my health may be endangered or I am unable to make the checkpoints in a reasonable time.						
(D) I ag will the	I agree that my entrance fee will not be refunded unless I notify Chris Vargas, the event planner, 48 hours before the event and no refunds will be given after the original event date. I also understand the event could be cancelled due to weather or other causes and rescheduled at the discretion of the Event Planner and no refunds will be given if the event is rescheduled.						
(E) I wi	ill additionally perm	nit free use of my nam	e and pictures in b	roadcasts, print an	d television, etc.		
Participa	nt Signature			Age	Sex	Date	
Parent or Legal Guardian				Date			

Parent or Legal Guardian must sign IF APPLICANT IS UNDER 18 YEARS, which authorizes emergency medical treatment for minor.