



Fall Mountain Bike Classic

Entrance Form And Waiver

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ E-mail Address: _____

Emergency Contact: (must have) _____ Phone: () _____

Registration Fee: **\$45.00** - The entry fee includes T-shirt, after event lunch and prize raffle.

Make checks payable to: Warrior's Society Mail to: 11278 Roanoke Ct. Cypress, CA 90630

Skill level: Novice Intermediate Expert

Age group: Single Speed Open (*Must race Expert*) 16 and under 17 to 30 31 to 45 46 and up

T-shirt size: (choose one) S M L X-L XX-L XXX-L

WAIVER AND RELEASE FROM LIABILITY

I fully acknowledge that mountain biking is a hazardous activity and that this event carries with it the potential for death, serious injury, property damage and property loss. I hereby assume all the risks of participating in this event regardless of their cause. I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. 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 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, including it's officers and members, support volunteers, the sponsors of the event, the Silverado Ranch, Daniel Dulac and Diane Lopez.
 - (B) I acknowledge that the use of a hard-shell riding helmet is required.
 - (C) I agree it is my sole responsibility to be familiar with the course for this event. I understand and agree that situations may arise during the events that may be beyond the immediate control of the event officials or organizers. I agree to Indemnify and Hold Harmless the entities or persons mentioned in section (A) from any and all claims made by other individuals or entities as a result of any of my actions during this event.
 - (D) I hereby consent to receive medical treatment which may be deemed advisable during my 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 my event if the Event Officials believe that my health may be endangered.
 - (E) I agree that my entrance fee will not be refunded unless I notify the promoters one week before the event. I also understand the event could be cancelled due to weather or other causes and rescheduled at the discretion of the Event Planner. I accept that the course may be changed due to circumstances beyond the Event Planners control.
 - (F) I will additionally permit free use of my name and pictures in broadcasts, print and television, etc.
- This Waiver and release of liability 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 understand its content.

Participant 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.