

## 2018 Trabuco Challenge Comp Application And Waiver

For those of you who are registered for the 2018 Vision Quest and Counting Coup and cannot make the reschedule date of Saturday, April 14th we are offering comps to the Trabuco Challenge on Saturday, May 12th, 2018. Submit this application and we will also remove you from the event Vision Quest or Counting Coup so you don't receive a DNS.

First	Name:	Last Name:				
Stree	et Address:					
City	:				State:	Zip:
Tele	phone: ( )	E-mail Address:				
I fully dama hereb partic	vacknowledge that mountain bikinge and property loss. I also acknown y assume all the risks of participati ipation in this event and have not butting me to participate in this event	TCO CHALLENGE WAIVER AND g is a hazardous activity and that this eledge that this event is not a race a ng in this event regardless of their cau een advised against participating by a 1 hereby take action for myself, my	event carri nd is inter se. I certif qualified	es with it the <b>ided for expe</b> by that I am plumedical personant	potential for de ert / intermedi hysically fit, ha on. In considera	ate mountain bikers. I ve sufficiently trained for ation of my application and
(A)	Waive, Release and Forever Discharge the following entities or persons from any and all liability for my death, disability, personal injury, property dam property theft or any actions of any kind which may hereafter accrue to me from this event: The Warrior's Society, including it's officers and members, support volunteers, the sponsors of the event, the USDA, the U.S. Forest Service, the County of Orange, California, including the following agencies of departments: Harbor, Beaches and Parks and RDMD / OM Public Works.					
(B)	I agree to give all hikers and uphill	bike riders on the trails the right of way		uct myself in a	safe manner. I a	acknowledge that the use of a
(C)	hard-shell riding helmet approved by CPSC, Snell, ANSI or ASTM is required.  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 ma 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)	relating to medical transportation and and / or evacuation may be delayed	eatment which may be deemed advisable evacuation. I also understand that due by as much as 1 hour or more. I also ag be endangered or I am substantially behind	to the remo	teness of the transport	rails involved en from participatir	nergency medical treatment
(E)		fundable. I also understand the event cou				
(F)	discretion of the Event Planner. I accept that the course may be changed due to circumstances beyond the Event Planners control.  I will additionally permit free use of my name and pictures in media 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.					
Partic	ipant Signature		Age	Sex	_ Date	
Parent or Legal Guardian			Date			

The Warrior's Society of the Santa Ana Mountains is an equal opportunity service provider. The Warrior's Society of the Santa Ana Mountains is a Permittee of the Cleveland National Forest. The Warrior's Society is a Tax-Exempt Organization under Section 501 (c) (4) of the IRS code.

Parent or Legal Guardian must sign IF APPLICANT IS UNDER 18 YEARS and authorize emergency medical treatment for participant.