Mount Wilson Bicycling Association

RELEASE OF LIABILITY & INDEMNITY AGREEMENT For Calendar Year(s) 20___

This is a legally hinding contract. Please read it carefully before signing.

| <u> 1 1113 13</u> | a tegatiy binaing contract. Thease read a carefully before signing. |
|--|--|
| Ι, | , have voluntarily agreed to participate in trail maintenance and similar |
| | d and/or sponsored by the Mount Wilson Bicycling Association ("MWBA"). In consideration icipate in the Activities, I acknowledge and agree as follows: |
| trails, fire roads, and/or available or provided and we. The Activities are physical that may cause injury, dea contusions, broken bones, sexhaustion, and/or head injury. I am (1) in good physical cool limitation, any disease or districted the Activities without special the Activities without special the Activities without special appropriate apparel, and if I with an MWBA staff members I will immediately cease part promptly notify an MWBA so I will be responsible for my self-united I am voluntarily participating any and all risks of injury, desired to I consent to receive medical during the Activities in which I grant full permission to be videography of, and any quodely I am eighteen (18) years of a I, for myself and on behalf not to make a claim again Association, and their responsibility, death or loss or otherwise) as a result of, and against any loss, cost, expection with such claim litigation; and I intend this agreement to | ndition and emotional/mental health, (2) not suffering from any condition (including, without sability) that can hinder my participation in the Activities, and (3) capable of participating in accommodation; ed in the Activities, I will wear protective outdoor clothing, closed-toe shoes, gloves, and other have any concerns regarding whether my apparel is appropriate, I will discuss those concerns rebefore participating in the Activities; ticipating in the Activities if I am unable to continue such participation for any reason and will staff member; own safety while participating in the Activities; gin the Activities, with my knowledge of the dangers involved, and I hereby agree to acceptant, and/or property damage; I treatment should an injury, accident, illness, and/or any other similar circumstance occurs treatment is deemed necessary by a qualified medical professional; MWBA to use (without any notice or compensation to me) the names, photographs, and tations from me in promotions, publicity, marketing, and/or advertising for, the Activities; |
| signing this agreement I am gi that this is a release of liability a | nat I have carefully read this agreement, fully understand its contents, and understand that by ving up legal rights and/or remedies that may otherwise be available to me. I am awar nd a contract to indemnify between myself and MWBA, and I sign it of my own free will. emain in effect at all times during the calendar year(s) set forth above. |
| Dated | Participant's Signature |
| | Home Address |

MWBA Staff Initials_____

City, State, Zip Code

Telephone Number

Mount Wilson Bicycling Association

RELEASE OF LIABILITY & INDEMNITY AGREEMENT For Calendar Year(s) 20___

| This is a legally binding contract. | . Please read it carefully before signing. |
|--|---|
| print full name of parent/legal guardian acknowledge that my child has voluntarily agreed to par | r legal guardian of, print full name of child rticipate in trail maintenance and similar activities ("Activities" a Association ("MWBA"). In consideration for MWBA permitting reself and my child, I acknowledge and agree as follows: |
| trails, fire roads, and/or "off-trail" areas that contain available or provided and where rescue and medical so. The Activities are physically demanding and danger that may cause injury, death and/or property damage contusions, broken bones, sprained muscles, animal exhaustion, and/or head injuries; My child is (1) in good physical condition and emotion without limitation, any disease or disability) that can participating in the Activities without special accommod. At all times that my child is involved in the Activities, so and other appropriate apparel, and if I or my child have will discuss those concerns with an MWBA staff memb. My child will immediately cease participating in the reason and will promptly notify an MWBA staff membe. My child will be responsible for his/her own safety while. My child is voluntarily participating in the Activities, whereby agree to accept any and all risks of injury, death, I consent to my child receiving medical treatment shoul occur during the Activities in which treatment is deemed. I grant full permission to MWBA to use (without any mand videography of, and any quotations from, my child Activities; I, for myself and on behalf of my child, heirs, assign agree not to make a claim against or sue MWBA Bicycling Association, and their respective officers, dinjury, disability, death or loss or damage to perseleasees or otherwise) as a result of, arising from Releasee from and against any loss, cost, expense, darising from or in connection with such claim or secosts or expenses or litigation; and I intend this agreement to be a complete and uncon law and agree that if any portion of this agreement is he My signature below evidences that I have carefully read this signing this agreement I (on behalf of myself and my otherwise be available to me and/or my child. I am avotherwise be available to me and/or my child. I am avotherwise be available to me and/or my child. | rous, and have risks and dangers that cannot be eliminated and ge, including, without limitation, the following: cuts, wounds or insect bites/stings, exposure, dehydration, hypothermia, hea nal/mental health, (2) not suffering from any condition (including hinder his/her participation in the Activities, and (3) capable of dation; she will wear protective outdoor clothing, closed-toe shoes, gloves any concerns regarding whether his/her apparel is appropriate, we see before participating in the Activities; Activities if s/he is unable to continue such participation for any er; le participating in the Activities; with both my and his/her knowledge of the dangers involved, and and/or property damage; ld an injury, accident, illness, and/or any other similar circumstance. |
| Dated | Parent/Legal Guardian's Signature |
| | Home Address |
| | City, State, Zip Code |

MWBA Staff Initials_

Telephone Number