

HAMR Spring Clinics April 30th-May 1st

First and last name

Age

Emergency Contact Name & Phone:

All participants must sign the following Release and Waiver Statement. Minors must have a parent's or guardian's signature, no exceptions. Helmets are required for all events.

RELEASE AND WAIVER STATEMENT In consideration of the acceptance of my entry and participation, the undersigned participant, for myself, my family members, my heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge and hold harmless, Huntsville Area Mountain bike Riders (HAMR) , Southern Off-Road Bicycle Association (SORBA), International Mountain Bicycling Association (IMBA), Monte Sano State Park, North Alabama Land Trust, Southeast Shreds LLC, and all sponsors and the officers, servants, agents, employees, volunteers, members, participants, their heir and assigns, and all other firms and corporations, owners and operators of event motor vehicles and officers, employees, volunteers and lessors of any of the forgoing persons or entities from any and all liability, whether resulting from negligence or otherwise during any aspect of the HAMR Clinics, whether a pre-ride, post ride activity or the ride itself. I also expressly covenant with the aforementioned persons and entities not to sue any such persons and/or entities for any such activity, including the negligence of any such persons and/or entities. I fully realize and acknowledge the hazardous nature and dangers of participating in any organized bicycle ride. I fully assume the risk associated with such participation including, by way of example and not limitation, the following; the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects both natural and man-made; the dangers arising from trail conditions and features, both natural and man-made; the dangers arising from safety hazards, equipment failure, inadequate safety equipment, and weather conditions; and the possibility of serious physical injury and/or mental trauma or injury associated with cycling (each and all of which shall referred to as "Injury"). I certify and represent by my application for entry and participation that my physical condition is adequate to participate safely in the HAMR Clinics and I hereby acknowledge that the above persons and/or entities have no obligation to provide medical care and have not undertaken the responsibility to do so. In the event that I receive medical care as a result of a medical emergency, condition or injury, I hereby consent to such care and fully release the person(s) providing such care from any and all liability, whether resulting from negligence or otherwise. I authorize and consent to persons employed or contracted by or volunteers of HAMR, whether by videotape, film, newsprint, written advertisement or otherwise, to the publication of any materials containing my name or picture and I release any sponsors and all persons acting under authority from any claims I might have due to initial or subsequent publication of any such materials or photographs.

I hereby certify that I have fully read and understand the foregoing release waiver, and covenant not to sue and sign it voluntarily. I also agree to wear a helmet at all times during any of the bicycling activities and acknowledge that wearing a helmet is an express condition of my participation in this event.

Signature

Date

FOR PARTICIPANTS UNDER THE AGE OF 19: The Indemnifying release below must be signed by the parent or adult guardian of any Participant who is under the age of 19 years, or otherwise

under a legal disability. The undersigned, an adult person over the age of 19 years, is the parent and/or legal guardian of the above named individual and in sole consideration of the above named individual being permitted to participate in the HAMR Clinics, does hereby agree to release, indemnify, and hold harmless each Released Person as defined above PURSUANT TO ALL THE TERMS AND CONDITIONS SET FORTH ABOVE arising from the participation of the above named individual in the above described event. BStqa4pEbo

Signature of guardian/parent if minor: BStqa4pEbo pkxi-tfne-hdot-otle-cusp
Date

BS
tqa
4p
Eb
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