Primavera Century & Fun Ride – April 21, 2024

Sign In and Accident Waiver and Release of Liability

Participant:			
First Name:	Last Name: _		
Address:			
I acknowledge that this athletic event is an extra death, serious injury and property loss. The ri weather, condition of athletes, equipment, ve volunteers, spectators, coaches, event officials risks are not only inherent to athletics, but are volunteering in this event. I realize that liability being released, from dangerous or defective ex- possible liability without fault.	sks include, but are not limite hicular traffic, actions of oth and event monitors, and/or also present for volunteers. may arise from negligence of	ed to, those caused by terrier people including, but riproducers of the event, and hereby assume all of the or carelessness on the par	rain, facilities, temperature not limited to, participants ad lack of hydration. Thes e risks of participating &/c t of the persons or entitie
I certify that I am physically fit, have sufficientl qualified medical person.	y trained for participation in t	the event and have not be	en advised otherwise by
I acknowledge that this Accident Waiver and Forganizers, in which I may participate and that i			
In consideration of my application and permitti administrators, heirs, next of kin, successors, a for my death, disability, personal injury, property my traveling to and from this event, THE FOLLC employees, volunteers, representatives, and ag participants; (B) Indemnify and Hold Harmless claims made by other individuals or entitles as	and assigns as follows: (A) W / damage, property theft or ac DWING ENTITIES OR PERSO gents, the event holders, ever the entities or persons men	aive, Release and Dischar tions of any kind which ma DNS: All governmental entit at sponsors, event directors tioned in this paragraph fro	ge from any and all liabilit y hereafter accrue to me c ies, their directors, officers s, event volunteers, and co
I hereby consent to receive medical treatment withis event.	vhich may be deemed advisal	ble in the event of injury, ac	cident and or illness durin
l understand that at this event or related activitiused for any legitimate purpose by the event ho			video or film likeness to b
This AWRL shall be construed broadly to provid	de a release and waiver to the	e maximum extent permissi	ble under applicable law.
hereby certify that I have read this document;	and, I understand its content.		
Signature of Participant (only if over 18)	Print Name		Date
MINOR RELEASE PARENT GUARDIAN WAIVI	ER FOR MINORS (Under 18	years old)	
The undersigned parent and natural guardian or and agrees to save and hold harmless and independent of the may be imposed release said parties on behalf of the minor and	emnify each and all of the par I upon said parties because o	ties referred to above from of any defect in or lack of s	all liability, loss, cost, clair
Signature of Parent or Guardian (only if participant is	s under the age of 18)	Print Name	Date
Emergency Contact			
Name		Phone:	
Cell Phone (if you have one on	the ride)		
Other Emergency Info (option	-		
Other Emergency into (option	iai)		