



WSCL EVENT PARTICIPANT ACKNOWLEDGMENT WAIVER & RELEASE FROM LIABILITY

PARTICIPANTS NAME: _____
 AGE: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 PHONE: _____
 EMAIL: _____
 EMERGENCY CONTACT: _____
 EMERGENCY CONTACT PHONE: _____

TODAY'S DATE: _____
 EVENT NAME: _____
 EVENT DATE(S): _____
IF PARTICIPANT IS A MINOR:
 PARENT NAME: _____
 PARENT PHONE: _____
 PARENT EMAIL: _____

ALL PARTICIPANTS IN THE EVENT DESCRIBED ABOVE MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY AS IT IMPACTS YOUR LEGAL RIGHTS.

The participant identified above ("Participant"), and their legal guardian ("Guardian") if the participant is under eighteen (18) years of age, accept and understand that there are inherent and other risks involved in participating in physical activities of any nature including mountain biking events like the event being put on by the Washington Student Cycling League ("WSCL") and which is described above (hereinafter referred to as the "Event"). The Participant and the Guardian if the Participant is under eighteen (18) years of age (collectively referred to as the "Undersigned") understand and acknowledge that the Event and the sport of mountain bicycling requires skill and physical fitness, that it is an inherently dangerous sport and that includes among other dangers, those associated with human-made obstacles, natural surface hazards, trees, logs, vegetation, water, pot holes, rocks, cold weather, extreme heat, rain, other bicycles, other riders, pedestrians, vehicles, fixed or moving objects, trail or surface irregularities, equipment failure, inadequate safety equipment, human made and natural jumps, motor vehicle accidents, the negligence of the undersigned and others, weather conditions, the possibility of serious physical and/or mental trauma, injury, or death slipping and falling, falling objects, water hazards, drowning, exhaustion, exposure to temperature and weather extremes which could cause hypothermia, hypothermia (heat related illnesses), heat exhaustion, sunburn or dehydration and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life (hereinafter collectively referred to as the "Event Risks").

The Undersigned understands the nature of the activities that will be required of the Participant in the Event. The Participant has not been advised by a physician to refrain from engaging in any such activities or the Event. The Undersigned confirms that the Participant has the requisite skills to competently and safely perform the activities that will be required of the Participant in the Event. The Participant has no physical or medical condition, which would endanger themselves or others, or interfere with the Participant's ability to safely participate in the Event. If at any time the Participant feels that their participation in the Event is beyond their skill set the Participant certifies that they will immediately cease performing the activity and notify the WSCL. The Undersigned accepts and acknowledges the Event Risks and knowingly and freely assumes those risks.

The Participant understand it is their sole responsibility to be familiar with the event course and agenda and the WSCL's rules and regulations for the Event. The Participant agrees to comply with those rules and regulations and all terms and conditions for participation. The Participant agrees to ride and otherwise participate in a way that will not endanger the Participant or others. If the Participant observes any unusual significant hazard during my presence or participation, the Participant will remove themselves from participation and bring to the attention of the WSCL, said hazard immediately. The Undersigned accepts full responsibility for the condition and adequacy of the Participant's equipment. The Participant agrees to wear a helmet, which satisfies the requirements of the WSCL's racing rules and regulations, the purpose of which is to protect against serious head injury, and the Undersigned assume all responsibility and liability for the selection of such a helmet.

In consideration of the opportunities to participate in the Event, the Undersigned hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim and/or sue on my behalf or on behalf of my heirs and assigns, and the Undersigned expressly acknowledge that it is the Undersigned's intent to take these actions:

(A) THE UNDERSIGNED WAIVES, RELEASES, AND DISCHARGES THE WSCL AND THE WSCL'S TEAMS (WHETHER INCORPORATED OR UNINCORPORATED), SUBSIDIARIES, AFFILIATES, OFFICERS, DIRECTORS, BOARDS, COMMITTEES, OFFICIALS, AGENTS, EMPLOYEES, COACHES, LEADERS, INSTRUCTORS, VOLUNTEERS, AGENTS, SPONSORING AGENCIES, SPONSORS, MEMBERS, PARTICIPANTS, CLUBS, RIDERS AND OWNERS AND LESSOR OF PREMISES USED FOR THE EVENT (COLLECTIVELY REFERRED TO AS "RELEASED PARTIES") from any and all claims, causes of action, allegations, losses, or liabilities for death, personal injury, partial or permanent disability, lost wages, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or traveling to or from Event, regardless if such damages or injury is due in whole or in part to the negligence of the Released Parties (Hereinafter collectively referred to as the "Released Claims");

(B) THE UNDERSIGNED AGREES TO WAIVE MY RIGHTS TO BRING AN ACTION AGAINST the Released Parties, for any of the Released Claims described in paragraph (A);

(C) THE UNDERSIGNED AGREES TO INDEMNIFY AND HOLD HARMLESS the Released Parties from any of the claims made or liabilities assessed against them as a result of my negligent actions or inactions.



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(D) **THE UNDERSIGNED GIVES PERMISSION FOR THE WSCL AND/OR PERSON(S) ACTING ON ITS BEHALF TO TAKE PHOTOGRAPHS AND VIDEO OF MYSELF** and allow the WSCL to use these images as it sees fit. The Undersigned release all publication rights of said photographs and video.

(E) **I, THE UNDERSIGNED GIVE PERMISSION TO THE WSCL AND/OR ANY PERSON ACTING ON ITS BEHALF TO AUTHORIZE MEDICAL TREATMENT** for myself in the event of a medical emergency.

(F) **THE UNDERSIGNED HEREBY EXPRESSLY AGREE THAT THIS RELEASE AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF WASHINGTON** and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any disputes arising out of this Agreement to Participate and Release of Liability shall be resolved under Washington law and in a venue of competent jurisdiction located within the State of Washington.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Signature:	Date:
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For persons under eighteen (18) years of age, a parent or legal guardian must sign the above WSCL Event Participant Acknowledgment, Waiver and Release from Liability ("WSCL Waiver") and complete the following section.

I, the undersigned _____ (parent/guardian) the parent and natural guardian of _____ (minor's name) (the "Minor"), hereby acknowledges that I have executed the foregoing WSCL Waiver for and on behalf of the Minor. I further represent that I have the legal capacity and authority to act for and on behalf of the Minor. As the natural or legal guardian of such Minor, I hereby:

- (A) Consent to the participation of the Minor in the Event;
- (B) Affirm the warranties and representations set forth in the attached WSCL Waiver as to the Minor; and agree to bind myself, the Minor and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing WSCL Waiver, and
- (C) **Agree to release and (i) defend or (ii) indemnify and hold harmless the persons or entities mentioned in the foregoing WSCL Waiver from (a) any and all claims, losses, or liabilities for personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to the Minor's participation in or traveling to and from the Event and (b) any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the Minor in the execution of the foregoing WSCL Waiver or in the execution of this Consent. Whether I defend or indemnify and hold harmless such persons shall be determined in the sole discretion of the party entitled to such.**

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the Minor for the purpose of attempting treat or relieve any injuries received by said minor arising out of or relating to the Event. I authorize any such Medical Provider to perform all procedures seemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of the Minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and the Minor. I acknowledge no warranty is being made as to the results of any medical treatment.

NOTE: Parent/Guardian must also sign WSCL Waiver.

Print Parent/Guardian Name	Date
Signature of Parent/Guardian	Relationship to Minor