

# Alta Alpina Road Race Series Registration



First Name: \_\_\_\_\_ Age (as of April 1<sup>st</sup>): \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender: **M** **F**

Cellphone Number: \_\_\_\_\_ Category: **A** **B** **C** **D** **Junior**

Email Address: \_\_\_\_\_

OFFICE USE	3/18/24
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Team: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## ACCIDENT WAIVER and RELEASE of LIABILITY (AWRL)

I acknowledge that Alta Alpina Cycling Club races are an extreme test of a person's physical and mental limits and carries with them the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in Alta Alpina Cycling Club races. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in Alta Alpina Cycling Club races and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability governs my actions and responsibilities when participating in and/or volunteering for Alta Alpina Cycling Club races and releases the Alta Alpina Cycling Club, it's officers, representatives, and volunteers from all liability.

In consideration of my application and permitting me to participate in Alta Alpina Cycling Club races, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: All governmental entities, their directors, officers, employees, volunteers, representatives, and agents, the Alta Alpina Cycling Club, it's officers, representatives, and volunteers, and co-participants, Grandview Ranch Home Owners Association; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_  
Signature (If under 18 years old, parent must sign below)

\_\_\_\_\_  
Date

## PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date