

## **Accident Waiver and Release of Liability Form**

This Accident Waiver and Release of Liability Form (“Release”) is entered this \_\_\_ day of \_\_\_\_\_, 201\_\_\_, between the undersigned participant and WHATCOM MOUNTAIN BIKE COALITION (“WMBC”) in relationship to any and all events sponsored, led, or organized by, or in any way involving the WMBC, including, but not limited to any trail days (“Event”).

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THE EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the WMBC or other persons being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault, and for any acts of any other participant in the Event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used and relied upon by the Event holders, sponsors, and organizers, including WMBC, of the activity or Event in which I may participate, and that it will govern my actions and responsibilities at the Event.

In consideration of my application and permitting me to participate in this Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE WMBC, and/or its directors, officers, employees, volunteers, representatives, and agents, the activity or Event holders, sponsors, Event volunteers, GALBRAITH TREE FARM, LLC, the CITY OF BELLINGHAM, WHATCOM COUNTY, POLYGON FINANCIAL O5, LLC, from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this Event;

(B) I WILL INDEMNIFY, HOLD HARMLESS, DEFEND, AND PROMISE NOT TO SUE WMBC, and/or its directors, officers, employees, volunteers, representatives, and agents, the Event holders, Event sponsors, GALBRAITH TREE FARM, LLC, the CITY OF BELLINGHAM, WHATCOM COUNTY, POLYGON FINANCIAL 05, LLC, Event volunteers from any and all actions, suits, liabilities, damages, injuries or claims arising out of the Event and/or my participation in this Event, whether caused by the negligence of release or otherwise.

I acknowledge that this Event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, and/or producers of the Event. These risks are not only inherent to participants, but are also present for volunteers.

(C) I hereby authorize WMBC to use my name, and images of me or my likeness, including, but not limited to films, videos, photographs and otherwise on any medium, including, but not limited to, Facebook, websites, blogs, brochures, newsletters, that were taken or prepared during the Event.

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

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth of Participant

\_\_\_\_\_  
Print Participant's Name

Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

NAME OF CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

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

As consideration for allowing the minor to participate in the Event, the parent of the minor must sign and agree to the following. The undersigned parent and natural

guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Event, and has agreed individually to the terms of the accident waiver and release of liability set forth above, and shall be bound to the terms and conditions. The undersigned parent or guardian further agrees that he/she will defend, hold harmless and indemnify WMBC, and/or its directors, officers, employees, volunteers, representatives, and agents, insurers, GALBRAITH TREE FARM, LLC, POLYGON FINANCIAL 05, LLC, CITY OF BELLINGHAM, WHATCOM COUNTY, Event holders, Event sponsors, Event volunteers from all suits, liabilities, damages, injuries or claims suffered by or brought by the Minor, or arising out of any injury or death to the Minor, and/or the above Minor's participation in this Event, whether caused by the negligence of a released party or otherwise.

\_\_\_\_\_  
Print Participant's Name

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian