

Kids Fun Ride

Sunday, June 18, 2017 8:45am



NOTES

- Parents are encouraged to escort their children around the course
 Aid Station provided at finish line
 All riders are required to be off the course by 10:15am
 All riders are required to wear a helmet that complies with US CPSC safety standards

PARTICIPANTS (First and last name)	PA	RTI	CIPA	NTS	(First	and	last	name)	1
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Escort/Parent's Name							
Mailing Address		City		Zip			
Emergency Contact (on-site)		Phone			#		
Child 1:	DOB:	Plate#	Distance: O	Capital 1	O Captial 4		
Child 2:	DOB:	Plate#	Distance: O	Capital 1	O Captial 4		
Child 3:	DOB:	Plate#	Distance: O	Capital 1	O Captial 4		
Make check payable to: Epic R All funds raised from the Kids Ri Nevada State High School Cyclin	ide are donated t ng League		TOTAL P.	AID \$ _	child(ren)		
EVENT PART	ICIPANT & Y	VOLUNTEER V	VAIVER of LIA	BILIT	Y		
Assumption of Risk: I understand tha many hazards and entail unavoidable also understand that I should be in go	risk of death, perse	onal injury (at any leve	l of severity) and loss		-		
I also am aware of and assume all risl other participants, effect of weather, theirs and executors, hereby waive, rorganizers, sponsors, land owners and all other persons associated with the out of or in any way connected with me I will wear an approved helmet; that I physical condition has been verified by	raffic, natural obsta- release and foreve I managers, promote event, from all liab man participation in the fam physically fit a by a licensed medic	acles of nature and conder discharge Mountain atters and each of their agolilities, claims, actions, this event. I attest that I and have sufficiently tracal doctor.	ditions of roads and/or Bike America, LLC. gents, representatives, or damages that I ma will participate in this ained for the completi	r trails. I, for Dba Epic successors by have agarevent as a loon of this experience.	or myself and my Rides, the even and assigns, and ainst them arising bicycling entrant event and that my		
I understand that this waiver includes or otherwise.	any claims, whether	er caused by negligence	, the action or inaction	of any of	the above parties		
I understand that the entry fee is non-parties to use any photographs, video legitimate purpose.			-	•			
I hereby grant full permission to Mou any medical information recorded reg							
The Carson City Off-Road Capital be closed at 10:15am	1 & 4 events are f	inished at 10:15am on	Sunday, June 18, 20	17. All cou	ırse support wil		
Parent/Guardian (Please Print)							
Parent/Guardian Signature			ī	Date			