

Kids' Fun Ride Sunday, October 7, 2018 • 9:00a

NOTES

- Parents are encouraged to escort their children around the course
 All riders are required to be off the course by 10:00AM
 All riders are required to wear a helmet that complies with US CPSC safety standards

PARTICIPANTS (First and last name)						
Escort/Guardian's Name						
Mailing Address	City _			ST	Zip Code	;
Emergency Contact (on-site)				Phone #_		
Child 1:	_ DOB:	/	/	_ Distance:	Ozark 4	Ozark 1
Child 2:						Ozark 1
Child 3:						Ozark 1
Make check payable to: Epic Rides				\$10 Dona	ntion x	child(ren)
All funds raised from the Kids' Ride are don the Arkansas Interscholastic Cycling League				TOTAL	PAID \$	
EVENT PARTICIPANT	& VOLU	NTEE	R WAI	VER of LI	ABILITY	
Assumption of Risk: I understand that participating in unavoidable risk of death, personal injury (at any levin good physical health and properly trained to partic	el of severity) a				-	
Waiver and Release: In consideration of the acceptance which may occur while I am traveling to or from the of and assume all risks associated with participating in of weather, traffic, natural obstacles of nature and cowaive, release and forever discharge Mountain Bike managers, promoters and each of their agents, repression all liabilities, claims, actions, or damages that I in this event. I attest that I will participate in this even have sufficiently trained for the completion of this even	event, during the name of the	e event, or luding but ads and/or . Dba Epid essors and st them ari entrant; I	while I am not limited trails. I, for Rides, the assigns, an sing out of will wear a condition h	n on the premis I to falls, contact or myself and re- e event organize and all other per- or in any way on approved helicas been verifie	es of the event. ct with other par my heirs and ex eers, sponsors, la sons associated connected with r met; that I am pl d by a licensed	I also am aware ticipants, effect ecutors, hereby and owners and with the event, ny participation hysically fit and medical doctor.
I understand that this waiver includes any claims, who therwise.	hether caused b	y negliger	nce, the act	ion or inaction	of any of the a	bove parties, or
I understand that the entry fee is non-refundable and to use any photographs, videotapes, motion pictures purpose.						
I hereby grant full permission to Mountain Bike Ammedical information recorded regarding my condition					IIPAA standards	s) to access any
The Oz Trails Off-Road Ozark 1 and 4 events are closed at 10:00AM.	finished at 10	:00AM. o	n Sunday,	October 7, 20	18. All course s	support will be
In signing this waiver you agree to be totally respondent.	onsible for you	r own safe	ety and sup	pport after 10:	10AM on Sund	day, October 7,
Parent/Guardian (Please Print)						
Parent/Guardian Signature					Date	