

**2023 24 Hours in the Old Pueblo
Accident Waiver and Release of Liability**

Epic Rides Use Only
Team #
Date

Team Name _____ Captain's Name _____

Category: Solo Male Duo Male 4-Person Male 5-Person Co-Ed
 Solo Female Duo Female 4-Person Female Corporate (6 - 10 Riders)
 Solo Male SS Duo Co-Ed 4-Person Singlespeed

First Name _____ Last Name _____

E-Mail (required) _____ Phone (_____) _____

Street Address _____ City _____

State _____ Zip _____ Gender: M F DOB ____ / ____ / ____ Occupation _____

Emergency Contact Name _____ Emergency Contact Phone (_____) _____

What is your preferred bike shop?

Make, Model & Lumens of lighting systems you will bring?

Text Message Lap Notifications (optional): Have a text message sent to your phone every time someone on your team completes a lap during the race. Standard text message charges may apply from your wireless provider, depending on your text message plan.

Cell Phone (_____) _____ Cell Service Provider _____

Do you like to ride your bike?

OFFICIAL T-SHIRT: Submit waiver before January 15th to guarantee your size. \$ Included

T-Shirt Cut: Unisex Youth

T-Shirt Size: XS S M L XL 2XL 3XL

OFFICIAL EVENT JERSEY: Save \$15 when purchasing Event Jersey during registration! \$ _____

(Prices includes sales tax, manufactured by Primal Wear)

Select Sport Cut: Men - \$75.00 Women - \$75.00 Youth - \$60 None - \$0

Select Size: XS S M L XL XXL 3XL (men & women only) 4XL (men only) 5XL (men only)

PROCESSING FEE: If applicable. \$ _____

\$0: Post marked before 12/1

\$20: Post marked 12/1 - 12/31

\$45: Post marked 11/31 - 2/17

Make check payable to: Epic Rides Total Paid \$ _____

2023 24 Hours in the Old Pueblo Accident Waiver and Release of Liability

I acknowledge that this athletic event, the 24 Hours in the Old Pueblo, is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, darkness, facilities, altitude, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, sponsors, landowners and agencies, event officials, event monitors and/or producers of the event, and lack of hydration. These risks are not only inherent to athletes but are also present for volunteers. I hereby agree to assume all of the risks of participating and/or volunteering in the 24 Hours in the Old Pueblo. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property owned, maintained, or controlled by them, or because of their liability without fault.

I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers of the event in which I may participate and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in the 24 Hours in the Old Pueblo, 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 including attorney's fees, litigation costs, and my traveling to and from the 24 Hours in the Old Pueblo, THE FOLLOWING ENTITIES OR PERSONS: Mountain Bike America, LLC. dba Epic Rides; their directors, officers, employees, volunteers, representatives and agents; the event holders, event directors, event sponsors, event staff, vendors, event volunteers and property owners; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in the 24 Hours in the Old Pueblo, whether caused by the negligence of releasees or otherwise; (C) Without limitation, the foregoing release and indemnity extends to the owners of all private property traversed during the event, including Willow Springs Properties, LLC and all of its members, managers, agents, representatives, officers, and employees, and I further acknowledge that I have no interest or right in or to the private property traversed or any path, trail, roadway or other parts thereof.

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 or recorded on video. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, organizers and/or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I further agree to abide by all the rules and regulations as set forth by Epic Rides and the director of this event.

I hereby grant full permission to Mountain Bike America, LLC. dba Epic Rides (in accordance with HIPAA standards) to access any medical information recorded regarding my condition during the 24 Hours in the Old Pueblo relay mountain bike event.

I hereby certify that I have read this document and understand its content.

Note: If 17 or under, signature of parent or guardian is required below

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, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to act and release said parties on behalf of the minor and the parents or legal guardian.

Please Initial I understand that the registration fee is non-refundable. If the event were canceled due to Covid-19, registrants will receive a partial refund based on the Event & Cancellation Policy.

Please Initial I acknowledge the contagious nature of COVID-19 and voluntarily assume all risks that I may be exposed to or infected by COVID-19 as a result of participation in this event.

Please Initial I agree not to attend if I have had a known exposure to COVID-19 or exhibit a fever, cough, shortness of breath, or other symptoms of COVID-19.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's signature

Parent's or Guardian's signature (if under 18 yrs.)

Date