

**2025 Tour of the White Mountains
Accident Waiver and Release of Liability**

First Name _____ Last Name _____
Email Address _____ Occupation _____
Street Address _____ City _____
State/Province _____ Zip/Postal Code _____ Country (if not USA) _____
Phone + _____ (_____) _____ - _____ DOB _____ / _____ / _____ Gender: ☐ M ☐ F ☐ B

Distance (select category): *Rider's DOB will place them in Junior, Open, Masters, or Distinguished when Geared is selected as a category*

<u>9-Mile</u>	<u>30-Mile</u>	<u>35-Mile</u>	<u>50-Mile</u>
<input type="radio"/> 9-Mile Fun Ride	<input type="radio"/> 30-Mile Fun Ride	<input type="radio"/> 35-Mile Adaptive	<input type="radio"/> 50-Mile Geared
<input type="radio"/> 9-Mile Adaptive MTB	<input type="radio"/> 30-Mile Adaptive	<input type="radio"/> 35-Mile Geared	<input type="radio"/> 50-Mile Singlespeed
	<input type="radio"/> 30-Mile e-Bike	<input type="radio"/> 35-Mile Singlespeed	

Emergency Contact's Information

Full Name _____ Phone + _____ (_____) _____ - _____

I acknowledge that this athletic event, the Tour of the White Mountains, 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 Tour of the White Mountains. 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 Tour of the White Mountains, 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 Tour of the White Mountains, 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 Tour of the White Mountains, 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, 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 Tour of the White Mountains mountain bike event.

The course support for the Tour of the White Mountains concludes at 3:00 p.m. on Saturday, October 4, 2025. In acknowledging this waiver I agree to be totally responsible for my own safety and support after 3:00 p.m. on October 4, 2025, accordingly.

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

Participant's Signature or Parent/Legal Guardian's signature (if participant is a minor) _____

Date _____