

2015 CIRCLE THE SUMMIT/ANNUAL BOB GUTHRIE MEMORIAL RIDE RELEASE AND WAIVER OF LIABILITY

I am aware that bicycling is an athletic event which poses potentially serious risk of injuries to its participants. I understand that I may be injured as a result of my negligence, the negligence of others, or through no fault of myself or anyone else because of the nature of the activity in which I am going to be engaged. I also understand that bicycles ridden on public and private roads and paths are often difficult to control because of road and weather conditions. With this waiver, I accept notice of the risks involved in riding bicycles on public and private roads. The waiver shall remain valid for the within named event, the 2015 Annual Bob Guthrie Memorial Ride, to be held on August 16, 2015. Furthermore, with this waiver, I expressly assume the risk of injury due to negligence by the Organizers and/or Sponsors, their agents, employees, members, officers, directors, staff, and any landowners, their families, employees or tenants over whose land I ride for my own safety or for the safety of my minor child.

With the knowledge of the foregoing, and as an inducement for the Organizers and Sponsors to allow me to ride in the 2015 Annual Bob Guthrie Memorial Ride, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against the Organizers, Sponsors, or any members of their Board of Directors, employees, members, and participants, or any landowners over whose land I ride, arising from any damages, injury, or death which I might sustain. I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding in the 2015 Annual Bob Guthrie Memorial Ride. Furthermore, I agree to indemnify the Organizers, Sponsors or their Board of Directors, members or employees, or any landowners, their families, employees or tenants, for any injury, death, loss or damage to any personal property which might occur during this event, when such injury, death, loss or damage occurs on the property of the land owner.

I also do hereby give the Organizers, Sponsors or their Board of Directors the irrevocable right to use my, or my child's name, picture, portrait, image, video or photograph in all forms or media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

BY MAKING THIS WAIVER, CONSENT AND RELEASE, I UNDERSTAND THAT I AM GIVING UP (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST THE ORGANIZERS, SPONSORS, OR THEIR MEMBERS AND PARTICIPANTS, OR THEIR BOARD OF DIRECTORS, OR ANY LANDOWNERS, THEIR FAMILIES, EMPLOYEES OR TENANTS, OVER WHOSE LAND I RIDE, FOR ANY INJURIES I MIGHT SUSTAIN WHILE BICYCLE RIDING OR PARTICIPATING IN A BICYCLE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, THE ORGANIZERS AND SPONSORS, THEIR BOARDS OF DIRECTORS, MEMBERS AND EMPLOYEES, AND/OR ANY LANDOWNERS, THEIR FAMILIES, EMPLOYEES AND TENANTS, OVER WHOSE LAND I RIDE, FOR INJURING ANYONE ELSE WHILE SO ENGAGED. IT IS MY INTENT TO GIVE UP THOSE RIGHTS, CONSENT TO USE OF IMAGES AS PROVIDED ABOVE, AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

For purposes of this agreement the Organizers and Sponsors are: Summit Biking, Avalanche Physical Therapy, and all other sponsors, donors, volunteers and their agents, employees and officers.

Participants: _____ Date: _____

_____ Date: _____

_____ Date: _____

COMPLETE THE FOLLOWING FOR ALL CHILDREN UNDER THE AGE OF 18 YEARS: PARENT OR GUARDIAN RELEASE OR WAIVER

I am the parent or guardian of _____, a minor(s) and on that minor's behalf and on

my behalf and on behalf of all other parents or guardians of the minor, I accept the release and waiver of liability at the top of

this form as inducement for allowing my child (children), or this minor(s), to ride in the 2015 Annual Bob Guthrie Memorial

Ride. I further authorize any emergency medical care which may be necessary. I represent and warrant that I have the

authority to give this release.

Parent or Guardian: _____

Print Parent or Guardian Name: _____

Date: _____