



LIABILITY RELEASE AND WAIVER OF RIGHTS

Name of Participant: _____ **Date:** _____

Email Address: _____ **Event Name:** _____

I acknowledge that participation in this Summit County Mountain Bike Alliance (SCoMBA) event and related activities are HAZARDOUS activities that can result in serious injury or death. I have made a voluntary choice to participate in those activities despite the risks that they present. In consideration of my being permitted to participate in the event named above, I agree to ASSUME ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or result from my participation in this event.

Initial here: _____

I further agree to RELEASE FROM LIABILITY AND HOLD HARMLESS the organizers and sponsors of this event, SCoMBA's directors, officers, employees, volunteers, representatives, and agents, for any damage, injury or death to myself or to any person or property, whether caused by their NEGLIGENCE or for any other reason, in any way connected with my participation in the event and related activities, including any races or other activities.

Initial here: _____

I, the undersigned, have carefully read and understood this agreement and all of its terms. I understand that this is a RELEASE OF LIABILITY which will legally PREVENT me or any other person from filing suit or making any other legal claim for damages in the event of my death or any injury to me. I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns and legal representatives.

Initial here: _____

I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days. I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days. I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days. I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Initial here: _____

I understand I may withdraw from the event at any point if I feel uncomfortable.

Initial here: _____

Print Participant's Name

Date of Birth

Signature

**THIS IS A WAIVER OF RIGHTS
PLEASE READ CAREFULLY BEFORE SIGNING**