

Rotary Club of Zion Canyon
2016 Gooseberry Mesa Mountain Bike Poker Ride
Registration Form

May 21st, 2016 ☼ 5:00 p.m.

Rotary Club of Zion Canyon, PO Box 645, Springdale, UT 84767
www.springdaletown.com/rotary-club/2016-mtn-bike-poker-ride/

Please use ONE FORM per registrant ☼ Please type or print clearly and complete form fully

PARTICIPANT INFORMATION

		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name				
Mailing Address: Street or PO Box	City	State	Zip	
Email	Phone			

REGISTRATION FEE Please make checks payable to **Rotary Club of Zion Canyon**

- \$25/Adult
- \$5/Youth (Younger than 18 accompanying a paying adult)
- \$60/Family (Parents and dependent children less than 18 years old)

QUESTIONS?

Please contact Julie at 435-772-3434 ext 312 or by email at ccc@infowest.com

WAIVER & RELEASE

I fully understand that training for and participating in activities, such as the Gooseberry Mountain Bike Poker Ride (hereinafter "Poker Ride"), may result in accidents, illnesses, serious injury, or death. I understand that the Poker Ride is an intermediate to advanced mountain bike ride that includes routes near steep drop offs, obstacles and other potential hazards, and riders should carefully review the route before participating. I am voluntarily participating in the Poker Ride sponsored by the Rotary Club of Zion Canyon with complete understanding of the risks associated with participation in the event. I further acknowledge that this event requires participants to be in proper physical condition, and by signing this Waiver and Release Form, I declare that I am medically able, properly trained, physically fit, and capable of participating in the event.

In consideration for being allowed to participate in the event, I agree to release and hold harmless the Rotary Club, the premises owner, the event's sponsors, its affiliates, agents, and employees, from all liability for any injuries, and/or illnesses that may directly or indirectly result from my conduct or from the negligence of other participants in the event, its affiliates, agents, and employees. I also acknowledge full and sole responsibility for any and all medical expenses I may incur as a result of any injury and/or illness related to my participation in the event. I understand and agree that this Waiver and Release is binding.

I hereby grant my consent and permission to the Rotary Club, its affiliates, agents and employees, to use my name, photograph, videotape, motion picture recording, voice, or likeness for Rotary purposes, including pre and post event publicity.

I have carefully read this Waiver and Release and fully understand its contents. By my signature below, I consent and agree to the terms of this Waiver and Release.

Signature of Participant/Parent
(Parent if participant is under 18 years old)

Date

