



**Release and Waiver of LIABILITY, Assumption of Risk,
and Indemnity Agreement (“Agreement”)**

NOTE: Complete registration form on reverse side if you have not pre-registered.

IN CONSIDERATION of being permitted to participate in any way in Surf City Cyclocross (“Club”) sponsored Events and Bicycling Activities (“Activities”) I for myself, my personal representatives, assigns, heirs, and next of Kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activities and that I am qualified to participate in such Activities. I further acknowledge that Activities will be conducted over public trails and facilities open to the public during the Activities and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURIES, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“Risks”); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activities, the conditions in which the Activities takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Club, RockLobster, CrestRanch, their respective administrators, directors, agents, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and leasers of premises on which the Activities takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS.

Please initial the following statement:

_____ I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant Name (Please Print): _____

Participant Signature: _____ Date _____

Name of Parent or Legal Guardian: _____ (if under 18 years of age)

Signature of Parent or Legal Guardian: _____ Date _____



October 30-31 2021 Race Registration Form

NOTE: Please sign waiver on reverse side.

Select your category:

- | | |
|---|---|
| <input type="checkbox"/> Open C | <input type="checkbox"/> Master Men A 35+ |
| <input type="checkbox"/> Master Men C 35+ | <input type="checkbox"/> Master Men A 45+ |
| <input type="checkbox"/> Junior Women 9-14 | <input type="checkbox"/> Master Men A 55+ |
| <input type="checkbox"/> Junior Women 15-18 | <input type="checkbox"/> Master Men A 60+ |
| <input type="checkbox"/> Junior Men 9-14 | <input type="checkbox"/> Women C |
| <input type="checkbox"/> Junior Men 15-18 | <input type="checkbox"/> Women B |
| <input type="checkbox"/> Master Men B 35+ | <input type="checkbox"/> Women A |
| <input type="checkbox"/> Master Men B 45+ | <input type="checkbox"/> Singlespeed Women |
| <input type="checkbox"/> Master Men B 55+ | <input type="checkbox"/> Tracklocross Women |
| <input type="checkbox"/> Open B | <input type="checkbox"/> Master Women 35+ |
| <input type="checkbox"/> Singlespeed B | <input type="checkbox"/> Master Women 45+ |
| <input type="checkbox"/> Costume Race | <input type="checkbox"/> Master Women 55+ |
| | <input type="checkbox"/> Open A |
| | <input type="checkbox"/> Singlespeed A |
| | <input type="checkbox"/> Tracklocross |

First Name _____ Last Name _____

Bib # _____ *(completed at registration booth)*

Team _____

Address _____

Email Address _____

Phone _____ Birthday _____

Emergency Contact Name _____ Phone _____