



MOUNTAIN BIKE RACE
In the Arkansas Hills

NAME _____

TEAM NAME (if applicable) _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

PHONE _____ E-MAIL _____

D.O.B. ____/____/____ AGE ON RACE DAY _____ MALE FEMALE

CHECK ONE CATEGORY: Cat 1(Expert/Semi-pro) Single Speed
 CAT 2(Sport) CAT 3(Beginner) KIDS (Age 16 and under on race day)

ARKANSAS HILLS MOUNTAIN BIKE RACE Sunday, June 20 at 10:30am

- Pre-register ahead or register on race day between 9:30 and 10:15 at the "F" Street Bridge.
- No registration after 10:45 a.m. race day.
- Awards for the top three male and female finishers in each category. Award ceremony will follow the races.

Registration Fee:

Mountain Bike Race - Adults	\$ 20.00	_____
Mountain Bike Race - Kids	\$ 10.00	_____

Cash

Check: Please make check payable to: **FIBArk Boat Races, Inc.**

Credit Card

CITY OF SALIDA RECREATION PROGRAM REGISTRATION AND RELEASE FORM

Please read and fill out the following form completely and accurately. The city will rely on the information provided in allowing you and/or your minor child listed below to participate in the city's recreation program(s). Participants under 18 years of age must have this form signed by a parent or legal guardian.

Date: _____

Participant's Name: _____ Age/DOB: _____

Address: _____ Telephone: _____

Emergency Phone: _____ E-mail: _____

If participant is a minor, parent/legal guardian: _____

Telephone (if different from above) _____

Name of recreation program/activity: _____ Date: _____ Fee paid _____

_____ Date: _____ Fee paid _____

Credit Card: Type _____ Number _____ Exp. Date _____

Are there physical or medical conditions concerning the participant that the city should be aware of ? If so, explain: _____

(attach additional sheets if necessary)

Release

1. as the participant and/or parent/legal guardian of the minor child listed above, and in consideration for allowing myself or my minor child to participate in the city's recreation program(s) and activities noted above, hereby acknowledge and agree as follows on behalf of myself and my child:

1. I have requested that I or my minor child be allowed to participate in the city's recreation program(s) and activities recognizing that such participation involves, or may involve, risks, both known and unknown, of physical injury or illness.

2. I represent that I and/or my child is physically capable of participating in the recreation program(s).

3. **By signing this release, I, on behalf of myself and my minor child, expressly assume all risks, known and unknown, of injury, illness and property damage to myself, my minor child, or to any third party arising from or related to my or my child's participation in the city's recreation program(s), whether caused by the act, error, omission, or negligence of the city, its employees, officers or agents, or by an other person or cause.**

4. **By signing this release, I, on behalf of myself and my minor child, expressly exempt, waive, release and discharge in advance the city, its employees, officers and agent, from any and all claims, liabilities, actions, or damages for injury, illness or loss that may arise from my or my child's participation in the city's recreation program(s) and activities, whether caused or created by the acts, errors, omissions, or negligence of the city, its employees, officers or agents, or some other person or cause; and I further agree to hold harmless and indemnify the city, its employees, officers and agents, from any and all injuries, damage, loss, claims or demands which arise from or are related to my or my child's participation in the city's recreation program(s) and activities.**

5. I understand that this agreement incorporates the entire understanding and agreement between myself, my minor child, and the City of Salida, its officers, employees, agents and representatives, and that it cannot be modified or changed in any way by the statements, promises or representations of any employee or agent of the city,; and that this agreement is intended to be as broad and inclusive as permitted by the laws of Colorado, and that if any portion is held invalid or unenforceable, the remaining portions shall continue in full legal force and effect.

6. By executing this agreement I also do hereby authorize the city, its employees, officers and agents, to provide and/or consent to emergency medical or surgical examination and treatment for myself or my minor child in the event of injury or illness occurring to me or my child while participating in any city recreational program or activity.

7. My signature below indicates that I have read this document in its entirety, that I understand it completely, and that it affects my legal rights and the legal rights of my child, and that I, along with all heirs, assigns and personal representatives for myself and my child, agree to be bound by its terms. I also acknowledge that I am providing this waiver and release in advance for the benefit of the city knowing that all possible risks or causes of injury can neither be foreseen nor eliminated.

Signed by : _____

Participant and/or Parent/Legal Guardian