

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Sign and return this form to the above C.ORE Freeride Elder. If you are under the age of 18, this form **MUST be signed by you as the participant **AND** by your parent or legal guardian.*

I, the undersigned, acknowledge that I have read the following and voluntarily agree to its terms and conditions to participate in C.ORE Freeride (hereinafter referred to as "ORGANIZATION").

I have full knowledge of the facts and circumstances surrounding the ORGANIZATION described above and am voluntarily participating in this ORGANIZATION, which may include club events and/or activities that are risky and dangerous, including from which bodily injury, up to and including mortal injury, may occur. I have the physical capacity reasonably necessary to engage in the club events and/or activities of the ORGANIZATION (hereinafter referred to as "ORGANIZATION Activities"); however, in case of an emergency, accident or illness, I give permission to be treated by medical professionals if necessary and agree to be responsible for any expenses incurred as a result thereof.

I assume all responsibility and risks associated with my participation, including all risk of property damage and injury to others and to myself, regardless if occurring before, during or after the period of any ORGANIZATION Activities. I agree to comply with all of the rules and conditions of participating in the ORGANIZATION Activities as well as the ORGANIZATION's code of conduct.

I am aware that if I provide a vehicle not owned and operated by ORGANIZATION for transportation to, at, or from any ORGANIZATION Activities, or if I am a passenger in such a vehicle, the ORGANIZATION is not responsible for any damage caused by or arising from such transportation. I accept full responsibility and liability for myself and my passengers relating to any such transportation related to the ORGANIZATION, and I represent and warrant to the ORGANIZATION that I have automobile liability insurance in accordance with Oregon Insurance Requirements or the state in which my vehicle is licensed.

By signing this Acknowledgement of Risk and Waiver of Liability, I hereby acknowledge that I have read this document in its entirety, understand it, and sign it voluntarily, that I am of legal age and that I agree to all of the terms and conditions listed above.

Name (print) _____

Date ____ / ____ / ____

Signature _____

Date ____ / ____ / ____

Please complete the following for our records: (Please Print Neatly)

DOB: ____ / ____ / ____ Phone: (____) ____ - ____ E-mail: _____

Current Address: _____

City: _____ State: ____ Zip: _____

Emergency Contact Name: _____



Emergency Contact Phone: (____) ____ - _____