

Spoonworks Summer Series Waiver

I, the undersigned, person agreeing on this form, in consideration for riding in the Spoonworks Summer Series, do hereby wilfully acknowledge that my agreement below attests to my understanding and agreement that: Freestyle BMX and Mountain Biking is a physical, contact, sport - that involves the risk of injury.

I assume all risks and hazards associated with my participation in the sport.

I am in proper physical condition to participate in Freestyle BMX and Mountain Biking activities, have no illness, disease or existing injury or physical defect that would be aggravated by my participation. If I do, I will seek advice from a medical and/or Health professional immediately and if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I participate in riding the Spoonworks Summer Series at my own risk and Spoonworks holds no responsibility to myself or property if injured or broken. Under any condition,

I am responsible for any and all medical expenses arising from my participation in Spoonworks Summer Series

I have the right and responsibility to inspect the equipment and facilities prior to Events and, if I believe that anything may be unsafe, I will advise the Spoonworks Team of the condition and may refuse to participate. Participation assumes consent.

I hereby release, waive liability, discharge, hold, harmless, indemnify, and covenant not to sue Spoonworks Ltd, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their Freestyle BMX and Mountain Biking activities. I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily.

My agreement to this form attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

Riders Full Name: _____

Rider Signature: _____

Date: _____

Parent or Guardian Signature (if rider is 17 years and under)

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