

Mountain Biking Risk Acknowledgement Form

Participant Information

Full Name

Date of Birth

Address

Email

Phone Number

Emergency Contact

Name

Phone Number

Acknowledgement of Risks

- ☐ I acknowledge that mountain biking involves inherent risks that may result in physical injury or death.
- ☐ I confirm I am physically fit and capable of participating in mountain biking activities.
- ☐ I agree to follow all safety instructions and wear appropriate protective gear.
- ☐ I understand and accept responsibility for my own actions and safety.

Medical Information

Medical Conditions, Allergies, or Medications (if any)

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date