

Mountain Biking Event Waiver

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact Information

Contact Name

Relationship

Contact Phone Number

Waiver and Release of Liability

I, the undersigned participant, acknowledge that mountain biking is an inherently dangerous activity which may result in injury, illness, or death. I voluntarily assume all risks involved and release the event organizers, sponsors, and any associated parties from any liability for injury, loss, or damage to person or property.

I understand that wearing a helmet and proper safety gear is required. I certify that I am physically fit and capable of participating. I agree to abide by all event rules and instructions.

Participant Signature

Date

For Participants Under 18

Parent or guardian must complete:

Parent/Guardian Name

Parent/Guardian Signature

Date