



BIG HILL CHALLENGE

WATERTOWN, TN

This form may be duplicated. One form is required per registrant. Waiver must be completed.

Name _____

Address _____

City _____

State _____ Zip _____

Age _____ Sex M F

Phone _____

E-mail _____

Allergies _____

Medication _____

----- In Case of Emergency, Contact -----

Name _____

Phone _____

----- Please Note -----

Meal: Yes No

Distance: 14M 30M 64M 100M

T-shirt size: S M L XL

----- Registration Fee -----

Early registration by May 26th, 2018 will guarantee a t-shirt. Registration is \$35.00 postmarked by June 23rd, 2017. June 3rd to day-of registration will be \$45.00.

----- Make Checks Payable to -----

Big Hill Challenge
2205 Pheasant Run Drive
Mount Juliet, TN 37122

www.bighillchallenge.com

BIG HILL CHALLENGE ("BHC") RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN THE BIG HILL CHALLENGE SPONSORED BICYCLING ACTIVITIES I, FOR MYSELF, MY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN:

1. ACKNOWLEDGE, AGREE, AND REPRESENT THAT I UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THAT I AM QUALIFIED, IN GOOD HEALTH AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I FURTHER ACKNOWLEDGE THAT THE ACTIVITY WILL BE CONDUCTED OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THE ACTIVITY AND UPON WHICH THE HAZARDS OF TRAVELING ARE TO BE EXPECTED. I FURTHER AGREE AND WARRANT THAT IF, AT ANY TIME, I BELIEVE CONDITIONS TO BE UNSAFE, I WILL IMMEDIATELY DISCONTINUE FURTHER PARTICIPATION IN THE ACTIVITY.

2. FULLY UNDERSTAND THAT (A) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (B) THESE RISKS AND DANGERS MAY BE CAUSED BY MY OWN ACTIONS, INACTIONS, AND THE ACTIONS OR INACTIONS OF OTHERS PARTICIPATING IN THE ACTIVITY, THE CONDITION IN WHICH THE ACTIVITY TAKES PLACE, OR THE NEGLIGENCE OF THE RELEASES NAMED BELOW; (C) THERE MAY BE OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES EITHER NOT KNOWN TO ME OR NOT READILY FORESEEABLE AT THIS TIME; AND I FULLY ACCEPT AND ASSUME ALL SUCH RISK AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I INCUR AS A RESULT OF MY PARTICIPATION OR THAT OF THE MINOR IN THE ACTIVITY.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE CLUB, THE VBC, THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, OFFICERS, MEMBERS, VOLUNTEERS, AND EMPLOYEES, OTHER PARTICIPANTS, ANY SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ACTIVITY TAKES PLACES, (EACH CONSIDERED ONE OF THE "RELEASEES" HEREIN) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE THAT IF DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, OR ANYONE ON MY BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY,

DAMAGE, OR COST WHICH ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Participant

Address _____

Phone _____

Participant Signature (I HAVE READ THIS RELEASE)

X _____

Date _____

----- Minor Release -----

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian

Address _____

Phone _____

Parent/Guardian Signature (I HAVE READ THIS RELEASE)

X _____

Date _____