



TEAM WOOD-N-WAVE
WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL
RELEASE FORM

(FOR MINORS)

On behalf of myself, and the minor designated below, I make the following acknowledgements and representations:

I am the legal parent (or guardian) of the minor. I have the legal authority to sign this release on behalf of the minor and to waive the rights of the minor and to assume all risks and obligations on behalf of the minor.

(FOR ADULTS AND MINORS)

I acknowledge that running, swimming, road cycling, mountain biking, and participating in non-competitive and competitive activities while running, swimming, road cycling, and/or mountain biking can involve dangerous risks. Floating debris, underwater obstacles, drowning, falling at high speed, entanglement in equipment, collisions with other competitors, trees, rocks, roots, equipment, physical ailments such as sprained, strained, and/or torn muscles, cuts, lacerations, abrasions, and the possibility of broken bones are examples of some of the risks associated with running, swimming, road cycling, mountain biking, and participating in non-competitive and competitive activities while running, swimming, road cycling, and/or mountain biking. Recognizing such risks, I will be voluntarily participating in running, swimming, road cycling, and/or mountain biking activities (recreational, training, and/or in competition) organized by or associated with Team Wood-N-Wave, and I assume all risks, known or unknown, which may be associated with those running, swimming, road cycling, and/or mountain biking activities. For myself, my heirs, executors, and assigns, I agree to hold the Team Wood-N-Wave, its directors, officers, members, agents, sponsors, and assigns, harmless from any claims, of any type or nature, which I or my heirs and successors may have, resulting directly or indirectly, from my participation in running, swimming, road cycling, and/or mountain biking activities organized by, or associated with Team Wood-N-Wave. For myself, my heirs, executors, and assigns, I release and discharge Team Wood-N-Wave, its directors, officers, members, agents, sponsors, and assigns from any liability for any claims for injury, death, or property damage resulting directly or indirectly, from my participation in running, swimming, road cycling, and/or mountain biking activities organized by, or associated with, Team Wood-N-Wave.

I HAVE READ THIS RELEASE AND I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE. I HAVE SIGNED THIS RELEASE FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTY BEING MADE TO ME. I INTEND THIS RELEASE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OF THE GREATEST EXTENT ALLOWED BY LAW. THIS RELEASE IS A CONTINUING ONE AND REMAINS IN FULL FORCE AND EFFECT WHENEVER I PARTICIPATE IN ANY RUNNING, SWIMMING, ROAD CYCLING, AND/OR MOUNTAIN BIKING ACTIVITY OR EVENT ORGANIZED BY, OR ASSOCIATED WITH, TEAM WOOD-N-WAVE.

WARNING: THIS DOCUMENT IS A RELEASE WHICH WHEN SIGNED WILL RESULT IN THE LOSS OF CERTAIN LEGAL RIGHTS.

DATE: _____ **NAME OF MEMBER:** _____

AGE OF MEMBER: _____ **SIGNATURE OF MEMBER:** _____

EMERGENCY CONTACT NUMBER: (primary) _____ **(secondary)** _____

***SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18:** _____

TEAM WOOD-N-WAVE PR RELEASE FORM

Various Cycling Industry and Local Business Sponsors sponsor Team Wood-N-Wave. This makes it necessary to advertise and promote the Team and its Sponsors. Team Wood-N-Wave may use images taken during training, competition events, and any social gatherings where Team members may be present to be used as forms of publicity for the Team and/or its Sponsors.

I hereby give my permission for my image to be used by Team Wood-N-Wave.

Name: _____ **Signature:** _____

Date: _____ ***Signature of parent or guardian:** _____

MEDICAL TREATMENT RELEASE FORM FOR MINORS

* I, _____, being parent/legal guardian of the above named child hereby give permission for an adult member of Team Wood-N-Wave to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Name: _____ **Signature:** _____ **Date:** _____

(Consent by parent/guardian)

*Must be filled out if individual is under the age of 18 years.