

**COLORADO MOUNTAIN BIKE ASSOCIATION ("CoMBA")**

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

In consideration for the opportunity to be part of this event, I HEREBY ASSUME ALL OF THESE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS EVENT.

I acknowledge that participation in any trail maintenance, building activity, group ride or social event sponsored by the CoMBA is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, individual health conditions, lack of hydration, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, and/or producers of the event. These risks are also present for volunteers.

I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit and capable for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will govern my actions and responsibilities at all CoMBA events in which I participate.

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, I HEREBY WAIVE, RELEASE AND DISCHARGE COMBA FROM ANY AND ALL LIABILITY FOR MY DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY THEFT OR INJURIES OF ANY KIND ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THIS EVENT.

I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS COMBA'S DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES AND AGENTS, EVENT HOLDERS, EVENT SPONSORS AND EVENT VOLUNTEERS FROM ANY AND ALL LIABILITIES OR CLAIMS ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THIS EVENT.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly under Colorado law to provide the maximum release and waiver as extent permitted by law.

I have actually read this document and I understand and agree to its content.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ (if under 18 years old)

Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

(Name and Relationship)