PARTICIPANT WAIVER AND RELEASE OF LIABILITY
Pedal 4 Possible: Century Ride for Craig Hospital 2020

I and/or we the parents/guardian of a minor participant, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT. I/we understand that participating in Pedal 4 Possible Century Ride is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am sufficiently prepared or properly trained for participation. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I/we acknowledge that this Participant Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of Pedal for Possible, and that it will govern my actions and responsibilities at this activity.
In consideration of my registration and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I/WE WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Craig Hospital and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I/we acknowledge that Craig Hospital and their directors, officers, volunteers, representatives, agents and employees are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I/we acknowledge that this activity may involve a 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, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Participant Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under Colorado law.

I/WE CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT IN WHICH I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT OF MY OWN FREE WILL.

__________________________________________
PARTICIPANT’S NAME

__________________________________________
SIGNATURE OF PARTICIPANT OR GUARDIAN

__________________________________________
DATE