

**Shasta Winter Cross  
2008/2009 Accident Wavier and Release of Liability**

I acknowledge that this athletic event 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, conditions of athlete, equipment, vehicular traffic, action of other people including, but not limited to participants, volunteers, spectators, sponsors, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These are the risks of participating and/or volunteering in this event. 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, have sufficiently trained for the participation in the event and have not been advised otherwise by a medically qualified person.

I acknowledge that this is Accident Wavier and Release of Liability (AWRL) form will be used by the events holders, sponsors and organizers, in which I may participate and that will govern my actions and responsibilities at said event.

In consideration for my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigned as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Shasta Race Series, City of Anderson/ Redding, and Shasta Lake its officers, employees, volunteers, representatives, participants and agents, the event holders, event sponsors, event directors, event volunteers; (B) indemnify and Hold Harmless the entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which 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, audio or firm likeness to be used for any legitimate purpose by the event holder, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

**I hereby certify that I have read this document, and I understand its content.**

Print name & signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2008/09

Email address \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Phone \_\_\_\_\_

Class & category \_\_\_\_\_ Racing age \_\_\_\_\_ Racing Club and/or Team \_\_\_\_\_

**Parent Guardian Wavier For Minors (Age 17 and Younger)**

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, acting in such capacity and agrees to save and hold harmless and indemnifies each and all of the parties referred to above from all liabilities, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2008/09