

Date Rcvd _____

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2009 Dusty Boot Colorado-Eagle River Ride

Saturday, July 25, 2009

Name: _____

Address: _____ City, State, Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Sex: M F D.O.B.: _____

Emergency Contact: _____ Phone: _____

Registration Type (Please circle):

Early (\$90 – before June 26, 2009) Standard (\$100 – before July 24, 2009) Day of (\$130 – July 25, 2009)

Make checks payable to "SOS Outreach." Your cancelled check is your confirmation.

P.O. Box 2020, Avon, CO 81620

Jersey Size (Please Circle):

Men: S M L XL XXL

Women: S M L XL

Ride Distance (Please Circle):

100 mile 100 km 42 mile

Medical Information:

Do you have any injuries or medical conditions (past or present) that we should be aware of or that could impact your ability to participate in the Colorado Eagle River Ride? **YES** **NO**

If yes, please explain:

Do you have any allergies (food, medicine or other)? (This information is necessary for the provision of appropriate medical services, if required.) **YES** **NO**

If yes, please explain:

Registration fee includes:

- Beaver Creek Colorado-Eagle River Ride Jersey
- Optic Nerve Sunglasses to the first 200 Registrants
- Aid stations

- Full support with light snacks and drinks
- Post event meal
- Entertainment
- Avon Rec Center shower access

All registrants/volunteers must read and sign the following: ACCIDENT WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of being permitted to participate in any way in the Colorado Eagle River Ride and all other activities (collectively, "Activities") sponsored by SOS Outreach ("SOS"),

I acknowledge that these Activities are an extreme test of a person's physical and mental limits, and I voluntarily assume all risks of all loss, damage or injury occurring in connection with such Activities. I fully understand that my participation 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 athletes, equipment, vehicular traffic, lack of hydration, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event. These risks affect not only athletes, but also volunteers. I hereby assume all of the risks of participating and/or volunteering in these Activities. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, or from dangerous or defective equipment or property owned, maintained or controlled by them.

I certify that I am physically fit, have sufficiently trained for participation in these Activities and have not been advised otherwise by a qualified medical person.

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

In consideration of my application and permitting me to participate in these Activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) WAIVE, RELEASE and DISCHARGE from any and all liability, claims, demands, actions or rights of action, which are related to my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me which are related to or are in any way connected with participation in all SOS Activities (including, without limitation, the Colorado Eagle River Ride) or result from my traveling to or from these Activities, THE FOLLOWING ENTITIES OR PERSONS: Snowboard Outreach Society and its directors, officers, employees, volunteers, representatives, agents, contractors, the event holders, event sponsors, event directors, event volunteers and their successors, assigns and insurers; and (B) INDEMNIFY AND HOLD HARMLESS the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during these Activities. I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT AND THAT BY SIGNING IT I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE A CLAIM against SOS and other entities and persons mentioned in this paragraph.

I intend this Waiver and Release to be effective whether or not any loss, damage, injury or death RESULTS FROM NEGLIGENCE of SOS or any of its directors, officers, employees, volunteers, representatives, agents, contractors, the event holders, event sponsors, event directors, event volunteers and their successors, assigns and insurers. I understand that negligence means a failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect himself, herself or others from injury or death. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. In the event of accident and/or injury I further consent to the release of any and all transport, treatment and or medical information to SOS relating thereto.

I understand that at these Activities or related events, I may be photographed. I agree to allow my photo, video, film likeness and email address to be used without limitation, for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

I agree to wear an ANSI or SNELL approved helmet and to ride in accordance with all applicable laws. This Waiver and Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I understand that this agreement shall be binding upon my heirs, executors, administrators, and assigns and shall be governed by the applicable laws of the State of Colorado. I also understand that if any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. I agree that any claims, which I may bring against SOS or any of the entities or persons identified above shall be submitted to the jurisdiction of the Eagle County, Colorado courts and that no claims against such persons or entities shall be brought in any other jurisdiction. I intend this document to be interpreted as broadly as possible.

I hereby certify that I have read this document, and fully understand its content. I freely and voluntarily enter into this agreement. I have made no misrepresentations to the entities or persons identified above, regarding my name, age or medical condition.

Signature _____ Date _____

Signature _____ Date _____

If under 18 years of age, parent or guardian must sign below. If starting or renewing a family membership, all members of the family must sign.

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she has read the above release and that by signing this release on behalf of the minor, the minor and I agree to be bound by its terms. As parent/guardian signing this agreement I acknowledge that I am in fact, acting in such a capacity and agree to save and hold harmless, defend and indemnify each and all of the parties referred to above from all liability, 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 _____ Date _____

Email Address (where you would like to receive SOS news) _____