

# SPACE COUNTRY CLASSIC MOUNTAIN BIKE RACE

9:00 am, 15 MAY 2021, FLIGHTLINE VAFB

REGISTRATION IS **NON-REFUNDABLE**. A SEPARATE REGISTRATION FORM MUST BE FULLY COMPLETED AND SIGNED FOR/BY EACH PARTICIPANT. REGISTRATION MUST BE RECEIVED BY MAY 10<sup>th</sup>, 2021.

Please select the race for which you wish to register:

Class 3 Beginner Course -14 Miles	Active Duty \$55	All Others \$65
Class 2 Sport Course – 18 Miles	Active Duty \$65	All Others \$75
Class 1 Expert Course – 25 Miles	Active Duty \$75	All Others \$85

PARTICIPANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

AGE: \_\_\_\_\_ I identify as (circle one): **FEMALE** **MALE** **PREFER NOT TO ANSWER**

FULLY VACCINATED (circle one): **YES** **NO** **PREFER NOT TO ANSWER**

BASE AFFILIATION (circle one):

**ACTIVE DUTY** **DEPENDENT** **DOD CIVILIAN** **CONTRACTOR** **NON-BASE AFFILIATED**

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

## **NON-BASE AFFILIATED PLEASE COMPLETE THE FOLLOWING:**

Riders & Spectators 16 and Older **MUST** provide below information AND a copy of Driver's License or other GOV Issued picture ID

**Background check will be conducted prior to event for base access**

PARTICIPANT FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STATE ABBREVIATION/ Driver's License #: \_\_\_\_\_ SEX: M / F

## **NON-BASE AFFILIATED SPECTATOR: LIMIT ONE PER RIDER**

SPECTATOR FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STATE ABBREVIATION/ Driver's License #: \_\_\_\_\_ SEX: M / F

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF INITIAL: \_\_\_\_\_

**READ REVERSE SIDE OF THIS PAGE COMPLETELY, AND SIGN AT BOTTOM**

**30th FORCE SUPPORT SQUADRON OUTDOOR RECREATION RELEASE AND WAIVER OR LIABILITY AND HOLD HARMLESS AGREEMENT**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. READ CAREFULLY. SIGN IF YOU**

**AGREE TO ALL OF IT.** By signing this agreement you waive your/your child's right to file a claim or lawsuit to recover compensation or obtain any other remedy from the U. S. Government for any injury to yourself/your child, or for your/your child's death, or for any damage to your/ your child's property caused by your/your child's participation in this 30th Force Support squadron Outdoor Recreation program even if caused by the ordinary negligence of the U.S. Government, or that of its officers, agents, or employees.

**ACKNOWLEDGEMENT AND ASSUMPTION OF THE RISK**

1. I hereby acknowledge and agree that this activity has **INHERENT RISKS**, even when the greatest care is taken. I have full knowledge of and understand and appreciate the nature and extent of all such risks, **INCLUDING THE RISKS OF CUTS, ABRASIONS, SPRAINS, STRAINS, FRACTURES, SEVER BODILY INJURY, and DEATH OR PROPERTY DAMAGE.** I further acknowledge that the above list does not include all possible risks associated with this activity, and that the above list in no way limits the extent or reach of this release and wavier of liability and hold harmless agreement.
2. I hereby certify that I **IAM VOLUNTARILY ASSUMING ALL THE RISKS** associated with my/ my child's participation in this 30th Force Support Squadron Outdoor Recreation program. I understand that I **WILL BE SOLEMNY RESPONSIBLE FOR ANY LOSS, INJURY, INCLUDING DEATH,** which I/my child may sustain while participating in this activity, and that by this agreement, I **IAM WAIVING ANY RIGHT TO ASSERT ANY AND ALL CAUSES OF ACTION, CLAIMS, OR DEMANDS, OF ANY NATURE WHATSOEVER,** against the U.S. Government, and its officers, agents, or employees, for such loss, injury, damage, or death, even if caused by their ordinary negligence.

**RELEASE AND WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS**

3. In consideration of my/my child's participation in this 30th Force Support Squadron, Outdoor Recreation program, I, the undersigned parent or guardian, on behalf of myself/my child my/my child's heirs, representatives, executor, and administrators, do hereby **RELEASE THE U.S. GOVERNMENT, AND IT'S OFFICERS, AGENTS, AND EMPLOYEES FROM, AND AGREE TO WAIVE MY SUBSTANTIAL RIGHTS TO ASSERT, ANY AND ALL CAUSED OF ACTION, CLAIMS. OR DEMANDS OF ANY NATURE WHATSOEVER, INCLUDING BUT NOT LIMITED TO A CLAIM OF NEGLIGENCE,** which I/my child may now have or may have in the future against the U.S. Government, its officers, agents, and employees, for any personal injury to me/ my child, or for me/my child, or for my/my child's death, or for any damage to my/my child's property, or for any accident of any kind, however caused, arising out of or in any way connected to my/my child's participation in this 30th Force Support Squadron, Outdoor Recreation program whether that participation is supervised or unsupervised, even if such personal injury, death, or property damage, or accident is caused by the ordinary negligence of the U.S. Government, or that of its officers, agents, or employees.
4. As further consideration of my/my child's participation in this 30th Force Support Squadron Outdoor Recreation program, I **AGREE TO IMDEMNIFY AND HOLD HARMLESS THE U.S. GOVERNMENT, AND IT'S OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, DEMANDS, LOSSES, OR COSTS OF ANY NATURE WHATSOEVER ARISING OUT OF OR IN ANYWAY CONNECTED TO MYSELF/MY CHILD'S NEGLIENCE WHILE PARTICPATING IN** this 30th Force Support Squadron, Outdoor Recreation program.

**I certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further certify that I understand that THE TERMS OF THIS AGREEMENT ARE LEGALLY BINDING, that I agree to the terms and conditions set forth in this release and waiver of liability and hold harmless agreement, and I am signing this release and wavier of liability and hold harmless agreement, of my own free will, after having carefully read it. The hold harmless agreement can be found on the reverse of this form.**

**NAME OF PARTICIPANT:** \_\_\_\_\_

**SIGNATURE of PARTICIPANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE of PARENT or GUARDIAN (if under 18 years of age):**

\_\_\_\_\_ **DATE:** \_\_\_\_\_