

Warrior's Society

Toad Festival 2010 Entrance Form and Waiver

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ e-mail Address: _____

Emergency Contact: (must have) _____ Phone: () _____

Registration Fee: **\$50.00 entry fee (\$25 for kids 13 and under)** includes T-shirt, after event lunch and prize raffle). Make checks payable to Warrior's Society. Mail to 11278 Roanoke Ct. Cypress, CA 90630

There will be games to play on both the long ride and the short ride. We suggest beginners do the Short Ride.
Check which event you want to ride:

Long ride 27.5 + miles w/ 5000 ft. of climbing Short ride 10 miles w/ 500 ft. of climbing

T-shirt size: (choose one) S M L X-L XX-L XXX-L

WAIVER AND RELEASE FROM LIABILITY

I fully acknowledge that mountain biking is a hazardous activity and that this event carries with it the potential for death, serious injury, property damage and property loss. **I also acknowledge that this event is not a race and is not intended for beginning or novice mountain bikers.** I hereby assume all the risks of participating in this event regardless of their cause. I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. In consideration of 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 assigns as follows:

- (A) Waive, Release and Forever Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or any actions of any kind which may hereafter accrue to me from this event the following entities or persons: The Warrior's Society mountain bike club, including their officers and members, the Orange County Search and Rescue, support volunteers, the sponsors of the event, the USDA and the U.S. Forest Service, the County of Orange, Calif., including the following agencies: Harbor, Beaches and Parks and the Public Facilities and Resources Department/ Public Works.
- (B) **I agree to give all hikers and uphill bike riders on the trails the right of way and conduct myself in a safe manner.** I acknowledge that the use of a hard-shell riding helmet is required. I further agree that my failure to abide by these rules will result in my disqualification from the event and forfeiture of my event fee. **I agree it is my sole responsibility to be familiar with the course for this event I am entered in. I understand and agree that situations may arise during the events that may be beyond the immediate control of the event officials or organizers.** I agree to Indemnify and Hold Harmless the entities or persons mentioned in section (A) from any and all claims made by other individuals or entities as a result of any of my actions during this event.
- (C) I hereby consent to receive medical treatment which may be deemed advisable during this event and understand that I am solely responsible for all costs relating to medical transportation and evacuation. **I also understand that due to the remoteness of the trails involved emergency medical treatment and / or evacuation may be delayed by as much as 1 hour or more.** I also agree that I may be removed from participating in the event if the Event Officials believe that my health may be endangered or I am unable to make the checkpoints in a reasonable time.
- (D) I agree that my entrance fee is **non-refundable**. I also understand the event could be cancelled due to weather or other causes and rescheduled at the discretion of the Event Planner. I accept that the course may be changed due to circumstances beyond the Event Planners control.
- (E) I will additionally permit free use of my name and pictures in broadcasts, print and television, etc.
This Waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

Participant signature _____ Age: _____ Sex: _____ Date: _____

Parent or legal guardian _____ Date: _____

Parent or Legal Guardian must sign IF APPLICANT IS UNDER 18 YEARS OLD, which also authorizes emergency medical treatment for minor.

The Warrior's Society is an equal opportunity service provider.
The Warrior's Society is a Permittee of the Cleveland National Forest.
The Warrior's Society is a Tax-Exempt Organization under Section 501 (c) (4) of the IRS code.