

Cranky Bike Tours

Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement
(hereinafter the "Release Agreement")

Print Name:

First _____ Last _____

Date of Birth _____ Email _____

Phone _____

Emergency Contact

Name _____ Phone _____

By signing this Document, you acknowledge the risks inherent in mountain Biking and will waive or give up certain legal rights, including the right to sue or claim compensation following an accident. Please Read Carefully

In this Release Agreement the term "mountain biking" includes all mountain bike activities including, but not limited to, guided descents and ascents, clinics, lessons, camps, and private instruction (hereinafter "riding").

Assumption of Risks

Mountain biking takes place on steep, rugged and challenging terrain and features, and will expose the rider to many risks, daggers and hazards. Falls and collisions occur frequently. Bicycles and related equipment may be placed under extreme stress and can malfunction. Helmets are mandatory. Full face helmets and other protective gear are strongly recommended. As with many adventure sports, riding involves the risk of injury, including serious injury, head injury, paralysis or death.

Initial Here _____

I agree and understand that I will be held to assume the risk of all trail and course conditions, including but not limited to weather conditions, trail and course layout and construction, hidden or concealed obstacles, and potential collisions with other riders and wildlife. I have the right to stop and visually inspect the course and trail conditions and choose not to ride sections or features that I consider too dangerous, risky or unsafe for a rider of my skill level.

Initial Here _____

Waiver, Release of liability I agree to waive an and all claims and to release Benjamin Wright at Cranky Bike Tours and their respective affiliates, subsidiaries, employees, representatives, contractors, volunteers and agents (hereinafter “the Releases”) from any and all liability for any loss, damage, expense or injury, including death, that I or my next of kin may suffer as a result of riding with Releases, due to any cause whatsoever, including negligence, gross negligence, breach of contract or breach of any statutory or other duty of care on the part of the Releasees. I understand that the foregoing release covers failure of the part of the Releasees to take reasonable steps to safeguard or protect me form or warn me of the risks, dangers and hazards of riding. I also realize that Releasees may not have wilderness first aid or CPR training of the Releasees’ first aid and CPR might have expired: that Relasees are not trained as medical doctors, nurses, or emergency medical technicians; that all Releasees may be able to do in case of an accident is to call the appropriate medical personnel; and that Releasees have no control over how long it will take for the medical personnel to arrive at the scene of a mountain bike accident.

Initial Here _____

I acknowledge that the decision to attempt any trail, trail feature, maneuver, or obstacle encountered while riding with Releasees, was made entirely by me, without coercion or influence by Releasees, and with a full understanding and awareness of the risk is to me associated with such trial, feature, maneuver, or obstacle. I represent and warrant that I am in good health and have no medical conditions or disabilities that restrict or impede my ability to participate in riding. I acknowledge that I have all necessary

medications or aids that I might require in the event of a known medical issue (such as allergy medications, epi-pens, etc.). I acknowledge that I am not relying on Releasees for medications; and I am not relying on Releasees to provide first aid or any other medical treatment, and I waive any claim against Releasees to provide medical treatment of care of any kind during the riding. I agree that the releasees are authorized to obtain medical care for me or to arrange for transportation to a medical facility or hospital if, in the opinion of Releasees, medical attention is needed. I further agree that upon arrival at the medical facility or hospital, Releasees shall have no further responsibility to me. I agree to pay all costs associated with such medical care and related transportation and to indemnify and hold harmless Releasees from any costs or claims arising form such medical care and related transportation. I have, and agree to maintain, valid and sufficient medical and accident insurance that will cover any harm or injuries I suffer while riding. I understand that this is my sole responsibility and release the Releasees from any claim or responsibility for not providing such coverage, or any failure to obtain and maintain such coverage.

I further agree to defend, indemnify and hold harmless Releasees from any and all claims brought by third parties which arise in whole or in part from riding with Releasees.

Initial Here _____

Binding Agreement, Parental Responsibility.

This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to unenforceable, the remaining terms shall be enforceable. If this Agreement is being signed by a parent or legal guardian of behalf of a child who is a minor, the undersigned parent or legal guardian acknowledges that he/she is signing th Agreement of behalf of him/herself and on behalf of the child, and that the child is bound by all the terms of the Agreement. This Agreement shall be binding upon the parent's and child's assignees, subrogees, distributors, heirs, next of kin, executors and personal representatives.

I am signing below because I have read and agreed to this release Agreement.

Your Signature:

Date:_____