

2017 Ride the Parkway
Accident Waiver and Release of Liability
September 10, 2017

I acknowledge that this athletic event is a test of a person's physical limits and carries with it the potential for death, injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of the athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, spectators, volunteers, sponsors, event producers and lack of hydrant. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of 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 participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that the event holders, sponsors and organizers, will use this Accident Waiver and Release of Liability (AWRL) form for the event in which I may participate and that it will govern my actions and responsibilities a said event.

In consideration of my application and permitting me to participate in this event, I hereby take action myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability or 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: The American River Parkway Foundation, and the Sacramento County Department of Parks, Recreation and Open Space. (B) Indemnify or hold harmless the entities or persons mentioned in this paragraph from any and all liabilities of claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent medical treatment, which may be deemed advisable in the event of an injury, accident or illness during the event.

I understand that during this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, organizers, sponsors, and/or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent possible under applicable law. I grant my permission to use my photograph, motion picture, recordings, or any form of record for this event for any legitimate purpose.

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

Print Name _____ Age _____

Signature (parent or guardian if under 18) _____

E-mail address _____