PENSACOLA OFF-ROAD CYCLISTS
DIRTYDURO CHALLENGE
JUNE 1 – AUGUST 31 2019

RELEASE AND WAIVER STATEMENT FORM

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Age: ☐☐

Emergency Contact Name:
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Emergency Contact Phone: ☐☐☐-☐☐☐-☐☐☐☐

All participants must sign the following Release and Waiver Statement. Minors must have a parent's or guardian's signature, no exceptions. **Helmets are required for all events.**

RELEASE AND WAIVER STATEMENT
In consideration of the acceptance of my entry, the undersigned participant, for myself, my family members, my heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge and hold harmless, SORBA, IMBA, (UNIVERSITY OF WEST FLORIDA) and all sponsors and it's officers, any sponsors, owners and operators of event motor vehicles, and officers, directors, employees, volunteers and lessors of any of the foregoing persons or entities from any and all liability, whether resulting from negligence of any aspect of the (DIRTYDURO), whether a pre-ride, post ride activity or the ride itself. I also expressly covenant with the aforementioned persons and entities not to sue any such persons and entities for any such activity, including the negligence of any such persons and entities. I certify and represent by my application for entry that my physical condition is adequate to participate safely in the (DIRTYDURO) and I hereby acknowledge that the above persons and entities have no obligation to provide medical care and have not undertaken the responsibility to do so. In the event that I receive medical care as a result of a medical emergency, I hereby consent to such care and fully release the person(s) providing such care from any and all liability, whether resulting from negligence of otherwise. I authorize and consent to persons employed or contracted by SORBA, whether by videotape, film, newsprint, written advertisement or otherwise, of any materials containing my name or picture and I release any sponsors and all persons acting under authority from any claims I might have due to initial publication or subsequent of any such materials or photographs. I hereby certify that I have fully read and understand the foregoing release waiver, and covenant not to sue and sign it voluntarily. I also agree to wear a helmet at all times during any of the bicycling activities.

Signature: _____ Date:_____

Signature (Guardian/Parent if Minor): _____ Date:_____