

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that the Desperado Dual is an extreme test of my physical and mental abilities and carries with it the potential for significant injury, property loss or death. There are many risks including but not limited to; weather conditions, road conditions, course difficulty, condition of my equipment, vehicle traffic, lack of hydration, actions of other people, my own physical condition (participant), and other unforeseen hazards. I hereby assume all of the risks of participating in any way in this event. I hereby certify that I am physically fit, have sufficiently trained and prepared for participation in this event. I will wear an ANSI-approved helmet at all times while riding in the event and will abide by all state and local laws at all times.

I acknowledge that cycling is a dangerous sport/activity in which I participate at my own risk. The Color Country Cycling Club (CCCC) is a non-profit organization formed to advance the causes of safe cycling, the efforts of which directly benefit myself. In consideration of the agreement of the CCCC to allow me to participate in the Desperado Dual, hereby for myself, my heirs, assigns and personal representatives; I waive, release and forever discharge the CCCC, its employees, officers, directors, agents, members, sponsors, promoters, volunteers and affiliates whosoever from any and all liability, claim, loss, cost or expense arising from or attributable in any legal way to any act or omission of act, including traveling to and from said activity in which I may participate as a CCCC member, contestant, spectator, entrant or volunteer. To the best of my knowledge I have no physical condition that would interfere with my ability to participate in or attend any said event, or would endanger my life thereby. I hereby consent to receive any medical treatment which may be deemed advisable in the event of injury, accident or illness during this event.

I grant permission to use my photograph, motion picture, recordings or any form of record for this event for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

I hereby certify that I have read this document and, I understand and agree to its content.

Signature _____ **Date** _____

Print name _____

Parent signature (if under 18 years of age) _____

Each participant must sign and return an Accident Waiver and Release of Liability form with entry. Entries will not be processed unless all forms are completed and signed properly.