

LAST NAME: _____ FIRST NAME: _____ BIB NO: _____
Please Print Assigned by Staff

**ACCIDENT WAIVER AND RELEASE OF LIABILITY /
America's Most Beautiful Bike Ride Lake Tahoe
June 5, 2022**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, air quality, condition of athletes and volunteers including transmittable diseases, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. 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 and do not have any physical limitations or medical conditions that may prohibit me from participating in the event. I have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

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 Discharge from any and all liability for my death, disability, 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:

Curtis N. Fong, TGFT Productions LLC / Bike the West, Reggie Peterson/S.E.T.S, Kansas McGahan/P.E.; National Psoriasis Foundation, Hard Rock Hotel & Casino Lake Tahoe Resort, Village Shopping Center - Tahoe Sports Ltd; GU Energy; ATAQ Electrolyte Drink; Alhambra-Sparkletts Water; KRLT 93.9FM / KOWL AM1490; KTKE 101.5FM, Sierra Nevada Media Group; Outside/Lake Tahoe TV; State of California Dept. of Transportation; Nevada Dept. of Transportation; California Highway Patrol; Nevada Highway Patrol; U.S. Government / United States Forest Service - Tahoe Basin Unit; California Department of State Parks; Tahoe City PUD; NTFPD; T.A.R.A.; Tahoe Blue Riders Motorcycle Club; Captivating Sports Photos; Barton Health Services; Blue Zone Sports, Watta Bike Lake Tahoe, Olympic Bike Shop, Paco's Bike & Ski; Shoreline Sports; Thomas Ward/Crankin' Time, Cal Star-Air Med Services; Douglas Co. Search & Rescue; Carson City Search & Rescue; Carson City District, NV; Washoe Co. NV; Douglas Co, NV; Eldorado Co, CA; Placer Co, CA; Tahoe City, CA; City of South Lake Tahoe, CA; Incline Village, NV; and; (B) their directors, officers, employees, volunteers, representatives, and agents; the event sponsors, event directors, event volunteers; (C) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event. I understand that at 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, sponsors, organizers and or assigns. **I agree to wear a helmet, ride single file and obey all rules of the road / ride _____ initial.**

This AWRL 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, I understand it's content.

PRINT NAME SIGNATURE DATE

PARENT / LEGAL GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

MINOR NAME AGE DATE

PARENT / LEGAL GUARDIAN SIGNATURE PRINT PARENT / LEGAL GUARDIAN NAME

EMERGENCY CONTACT NAME: _____ Phone Number: _____/ _____