



MUD RUN RIDE

IT'S TIME TO GET DIRTY. WITH A FRIEND.

Volunteer and Racer Medical Form – August 29, 2009

Name (please Print): _____ **V / R**

1. Any surgery or serious medical issues in the last three years: No / Yes
If yes, please describe: _____

2. Allergic to any medications: No / Yes
If yes, please describe: _____

3. Heart Problems: No / Yes
If yes, please describe: _____

4. Diabetes: No / Yes
If yes, please describe: _____

5. Asthma: No / Yes
If yes, please describe: _____

6. High/Low Blood Pressure: No / Yes
If yes, please describe: _____

7. Allergy: No / Yes
If yes, please describe: _____

8. List any other medical conditions that would be of concern performing your
role/participating in the Race: _____

To the best of my knowledge, all of the above questions have been answered accurately
as possible. **Must be signed.** (If under the age of 19, a Parent or Guardian signature is
required).

Signed _____ day of August, 2009

Participant Print Name: _____ Witness Name: _____

Participants Signature: _____ Witness Signature: _____

(If participant is under 19 years of age at time of the race)
Parent or Guardian Name: _____

Parent of Guardian Signature: _____

Mud Run Ride – Participant Waiver

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISKS AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO CLAIM COMPENSATION OR SUE SHOULD YOU BE INJURED.

PLEASE READ CAREFULLY!

Initial: _____

TO: Double Deuce Events, and its directors, managers, officers, shareholders, employees, volunteers, agents, representatives, contractors, subcontractors, sponsors, successors, assigns (hereinafter collectively referred to as “THE RELEASEES”).

DEFINITION – This agreement shall apply to all activities, events or services provided, arranged, organized, sponsored or authorized by the Releasees, including but not limited to: biking, running, hiking, meals, orientation or travel by vehicle or travel to and from locations used for the Activities; (hereinafter referred to as “the Activities”).

ACKNOWLEDGEMENT – SAFETY

I acknowledge that the risk of injury from the Activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

ASSUMPTION OF RISKS – I am aware that participation in the Activities involves risks, dangers and hazards including, but not limited to: driving to and from, participating in and assisting with the activities, including but not limited to falling off my bike; loss of balance; collision with other riders; collision with trees, logs or rocks; collision with motorized vehicles; hypothermia due to exposure to cold weather; heat exhaustion or hyperthermia due to exposure to hot weather; variation in weather; equipment failure; accidents while running; accidents while being evacuated for first aid; variation in the terrain including holes, depressions, loose gravel, rocks, mud, roots, creeks; impact with trees, tree stumps, forest deadfall, rocks, or other natural or man-made objects on or adjacent to the official race course trails; un-maintained and/or unmarked trails, roads and bridges; lifting heavy objects; performing bike repairs; encounters with wild and domestic animals; becoming lost or separated from the race; limited access to first aid due to travel/racing in remote locations; limited ability for first aid teams to extract me from the race course or area; being lost for an extended period of time; being on my own in unfamiliar surroundings; failure to act safely or within one’s ability or to stay within designated areas; injuries that could be suffered while traveling to, participating in or assisting with orientation, team building or marketing sessions, or the Mud Run Ride itself; negligence of other persons; and that these risks may lead to severe injury, disability, or death.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT – In consideration of the Releasees allowing me to participate in the Activities and permitting my use of their equipment, if any, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ALL CLAIMS that I have or may in the future have against the Releasees and TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for any loss, damage, expense or injury including death, that I may suffer, or that my next of kin may suffer as a result of my participation in the Activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C 1996, c.337, ON THE PART OF THE RELEASEES AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.

- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in the Activities.
- 3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.
- 4. This Agreement and any rights, duties and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction.
- 5. Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

I hereby consent to the use of any photos, slides, films or video taken of me during the Activities for publicity, advertising, promotion or other commercial purposes. Initial: _____

RESCUE - As I am responsible for my own safety, in the event of an injury requiring evacuation, I hereby agree to pay all costs associated and shall reimburse any of the Releasees for expenses incurred or paid on my behalf. Initial: _____

In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the Activities, other than what is set forth in this Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

SIGNATURE

WITNESS

PRINT NAME CLEARLY

Date Signed: _____

Address: _____			
Street	City	Prov/State	
Country	Code	Telephone	