Accident Waiver and Release of Liability

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY ACTIVITY ASSOCIATED WITH THE 2017 THOMPSON BUCKS COUNTY CLASSIC (THE "EVENT")

I acknowledge that this 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, condition of athletes, equipment, my own physical condition and those of others, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, drivers, coaches, event officials, and Event monitors, and/or producers of the Event. These risks are not only inherent to athletics and this Event, but are also present for volunteers and participants. 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 professional. I certify that there are no health-related reasons or problems which preclude my participation in this Event in any fashion, and that I choose to participate in this Event of my own free will.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Zen Masters Racing, The Thompson Organization, and the Event holders, sponsors, and organizers, and any of their directors, committee members, officers, employees, volunteers, representatives, successors, assigns, agents, and any other party, municipalities or other public entities connected with this Event (collectively, the "Releasees"), in which I may participate and that it will govern my actions and responsibilities at said Event.

In consideration of my participation in this Event, and with specific exception to that which may arise from the gross negligence of the Releasees I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (a) I waive, release and discharge the Releasees from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me from my participation in this Event; and (b) indemnify, promise not to sue, and hold harmless the Releasees from any and all liabilities, damages, actions, costs, expenses or claims which may arise from the above or occur 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 Releasees.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant: _____ Date: _____

Age: _____

First Name: _____ Last Name: _____

Street Address: _____ City, State, & Zip: _____

Phone Number: _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____