

# **AGREEMENT, WAIVER & RELEASE OF LIABILITY**

## **OCALA MOUNTAIN BIKE ASSOCIATION FAT TIRE FESTIVAL EACH APPLICANT MUST SIGN A WAIVER**

I, the undersigned, know that the Ocala Mountain Bike Association Fat Tire Festival (herein referred to as OMBA-fff) is a potentially hazardous activity and I attend it out of my own free will and choice. In choosing to attend OMBA-Fat Tire Festival and any related events, I fully accept and assume all risks, whether before, during or after OMBA-fff and its related events. These include, without limitation, physical injury, mental injury, emotional distress, trauma, sickness, illness, death, contact with other participants, equipment failure, inadequate safety equipment, the effects of weather including extreme temperature or conditions, traffic, contact with motor vehicles of all types and descriptions, collision with other riders or fixed objects, the conditions of the trails, camping, and participating in events along the route. I am aware of and appreciate all risks. I waive any and all specific notice of the existence of the risks. I shall assume and pay my own medical and emergency expenses in the event of injury, illness or other incapacity regardless of whether I authorized such expense.

I realize that OMBA-fff requires physical conditioning and I represent that I am in sound medical condition capable of participating in the events without risk to myself or others. I have no medical impediment, which would endanger others or myself. I understand and agree that a situation may arise during OMBA-fff which may be beyond the control of the sponsors, promoters or organizers. I will be solely responsible for the condition and adequacy of my bicycle, safety gear and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions and in a manner so as not to endanger myself or others.

Knowing these facts and in consideration of my entry acceptance, admission to and/or participation in OMBA-fff and its related events, I for myself and anyone acting on behalf, release, waive, discharge, covenant not to sue and agree to hold Ocala Mountain Bike Association and OMBA-fff sponsors and participating clubs, communities and organizations; OMBA-fff officials, emergency and support personnel, volunteers and their representatives; official friends of OMBA-fff; and the officers, directors, employees, representatives, agents and successors of all of the above, harmless from any and all claims, demands and actions of any and every kind I have, may have, or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or participating in OMBA-fff and its related events. My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, damage or loss to my person or property which may be (a) caused by any act, or Failure to act, by the above identified persons and entities or (b) sustained by me before, during or after OMBA-fff and its related events. I agree to abide by all OMBA-fff rules and regulations. I understand that my name, address, photograph, voice and/or likeness may be used in promotional or advertising materials of or by the Ocala Mountain Bike Association. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses. I further agree to indemnify and hold the parties released harmless from any and all losses, damages, claims and expenses, including attorneys' fees, arising from or relating in any respect to my participation in OMBA-fff or its related events of my breach of this agreement. If I am a minor, my parent or guardian also is signing on my behalf and we both agree to be bound by the terms of the agreement, waiver and release.

I have read this agreement, waiver and release and I understand and agree to and accept its terms.

\_\_\_\_\_  
First and Last Name as it was on the application

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Guardian if minor  
child

\_\_\_\_\_  
Date