

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

*\*Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Sign and return this form to the above C.ORE Freeride Elder. If you are under the age of 18, this form **MUST** be signed by you as the participant **AND** by your parent or legal guardian.*

I, the undersigned, acknowledge that I have read the following and voluntarily agree to its terms and conditions to participate in the below listed ORGANIZATION.

I have full knowledge of the facts and circumstances surrounding the ORGANIZATION described above and am voluntarily participating in this ORGANIZATION, which may include actions and events that are risky and dangerous, including from which bodily injury, up to and including mortal injury, may occur. I have the physical capacity reasonably necessary to engage in the ORGANIZATION; however, in case of an emergency, accident or illness, I give permission to be treated by medical professionals if necessary and agree to be responsible for any expenses incurred as a result thereof.

I will assume all responsibility and risks associated with my participation, including all risk of property damage and injury to others and to myself, regardless if occurring before, during or after the period of the ORGANIZATION. I agree to comply with all of the rules and conditions of participating in C.ORE Freeride, and it's code of conduct.

I am aware that if I provide a vehicle not owned and operated by C.ORE Freeride for transportation to, at, or from any events or club activities, or if I am a passenger in such a vehicle, C.ORE Freeride is not responsible for any damage caused by or arising from such transportation. I understand that I will be expected to accept full responsibility and liability for myself and my passengers and that I have automobile liability insurance in accordance with Oregon Insurance Requirements or the state in which my vehicle is licensed.

**By signing below, I hereby acknowledge that I have read this document in its entirety, understand it, and sign it voluntarily, that I am of legal age and that I agree to the terms and conditions listed above.**

Name (print) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please complete the following for our records: (Please Print Neatly)**

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

