

SLOBC Release and Waiver of All Claims

Lighthouse Century, San Luis Obispo Bicycle Club

Name of Participant:

Birth Date:

Street Address:

Sex:

City, State, Zip:

Email:

Phone:

I (the Participant) hereby fully and forever release, waive, discharge and covenant not to sue the County of San Luis Obispo ("County") or the State of California ("State") from any and all liability for any and all loss(es), damage(s), and any and all claims and demands therefore, on account of any injury to my person or property, including bodily injury or death, whether caused by the active or passive negligence of the County or State, in connection with my participation in the Event.

I represent and warrant that I am in good physical condition and am able to safely participate in the Event. I understand that the Event is being held over public roads and facilities that are not specifically designed for this Event and upon which hazards are to be expected. I further understand that said public roads and facilities may remain open during the Event to members of the public that are not participating in the Event, including but not limited to persons using roads for vehicular travel.

I understand that Event participation carries with it certain inherent risks that cannot be eliminated completely ranging from minor injuries to catastrophic injuries including death. I am fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntary participate, knowing the risks associated with the Event.

I hereby assume all risks of loss(es), damage(s), or injury(ies) that I may sustain or experience while participating in the Event. I further hereby indemnify the County and the State from any and all liability for any and all loss(es), damage(s), and any and all claims and demands therefore, on account of any injury to any person or property, including bodily injury or death, whether caused by the active or passive negligence of the County or the State, in connection with my participation in the 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 hereby grant SLOBC permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of SLOBC and will not be returned. I hereby irrevocably authorize SLOBC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photos.

I certify that all the information I have provided is true and complete. I have read the entry information provided for the event and certify my compliance by the signature below.

Signature of Participant:

Date:

IF PARTICIPANT IS UNDER AGE 18, HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Participant's Parent/Guardian's signature below certifies that my son/daughter/ward has my permission to participate in the Event. Participant's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF ALL CLAIMS (above) and by Signing intentionally and voluntarily agrees to its terms and conditions. Participant's Parent/Guardian further certifies that his/her son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my son/daughter/ward 's medical records as necessary and as stated above.

Signature of Parent/Guardian:

Date: