

WAIVER AND RELEASE FOR STOWE BIKE NIGHT

Every other Thursday starting June 14, 2018

Please read and sign below.

In submitting this Waiver and Release, I hereby make known that I will forever indemnify, release, hold harmless and covenant not to sue in the case of accident, injury, death or property damage of any kind the Stowe Trails Partnership ("STP"), and its officers, directors, members and volunteers. I forever waive and release STP from any and all present and future claims resulting from ordinary or gross negligence that may be made by me, my family, estate, heirs or assigns.

I recognize that bicycling is potentially dangerous, that serious injury or death could result, and I represent that I am a competent cyclist with safe equipment. I understand that I participate in STP activities and ride STP-maintained trails and bike facilities voluntarily and at my own risk, and I expressly assume such risk. I further recognize that safety is my personal responsibility and I agree to participate in keeping all STP rides safe. I agree to hold STP harmless and indemnify STP for all costs, judgments and awards that may be claimed including the cost to defend such claims brought by myself or another on my behalf.

I agree to wear a helmet at all times when riding in the Leaf Blower, and on STP-maintained trails and bike facilities.

I understand that at this event or related activities, I may be photographed. I authorize Grant Wieler Photography, Mike Hitelman Photography and Stowe Mountain Bike STP permission to use my likeness in a photograph in any and all of its publications, including but not limited to all printed and digital publications, as well as third party printed and digital publications for both editorial and retail purposes. I understand and agree that any photograph using my likeness will become property of Mike Hitelman Photography and will not be returned. I acknowledge that since my participation is voluntary, I will receive no financial compensation of any type associated with publication of said media.

By signing below, I acknowledge and agree that I have read this Waiver and Release and understand its contents.

CHILD NAME (Print)

PARENT OR GUARDIAN NAME

EMERGENCY CONTACT INFO

NAME:

PHONE NUMBER

NAME

PHONE NUMBER

SIGNATURE OF PARENT OR GUARDIAN
