



**Silver State 508 Accident Waiver and Release of Liability / Release of Name and Likeness**

I am a:  Racer  Support Crew  Race Staff  Media

Totem association: \_\_\_\_\_

If racer, select category:  Solo  2x  4x  2x Tandem  4x Tandem

**RELEASE FORM** as of February 15, 2017.

Please accept my riding at a CCSD and Cycling Camp San Diego event.

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM RELEASING CCSD, CCSD SPORT EVENT, AND CYCLING CAMP SAN DIEGO AND/OR ITS COACHING ASSOCIATES, RESPECTIVE AGENTS, EMPLOYEES, SPONSORS, AND AFFILIATES, named as State of Nevada, City of Reno, Washoe County, Storey County, Lyon County, Churchill County, Lander County, Eureka County, Ultra Racing Network, Inc., Adventurecorps, Inc., including affiliate Directors, Officers, Employees, Volunteers, Representatives, and Agents, Event Holders, Event Sponsors, Event Directors, Event Volunteers, as well as any and all involved municipalities or other public entities and their respective agents and employees (collectively "Releasees") from liability.

THIS RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.

I hereby freely agree to and make the following contractual representations and agreements. I acknowledge that cycling is an inherently dangerous sport and fully realize the dangers of participating in bicycle rides and/or training and FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING, by way of example, and not limitation, the following: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, equipment maladjustment and/or failure, inadequate safety equipment, THE RELEASEES' OWN NEGLIGENCE, and weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with athletic training and/or cycling competition.

For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE the Releasees and/or the sponsors of this event, the organizer and any promoting organizations, property owners, law enforcement agencies, all public entities, special districts and properties, and their respective agents, officials, and employees through or by which events are held, (the foregoing are also collectively deemed to be Releasees), FROM ANY and all rights and CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with rides or training, or travel to or return from rides or training. I agree it is my sole responsibility to be familiar with ride courses, the Releasee's rules, and any special regulations for rides or training.

((RELEASE FORM continued on page 2))

I understand and agree that situations may arise during rides, which may be beyond the immediate control of any organizers, and I must continually ride so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment. I will ride wearing a helmet that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet. I have no physical or medical condition, which to my knowledge, would endanger myself or others if I participate in events, or would interfere with my ability to participate in events.

I have read, understand, and agree to abide by the rules of the event.

I understand that all motor vehicles used either for personal support or for any other event purpose at the Silver State 508 must be covered by at least the minimum legal requirements of property damage and personal injury liability auto insurance for the state of Nevada.

I understand that at this event or related activities, I may be photographed, filmed, and/or videotaped. I agree to allow my name, photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assignees.

I agree, for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence.

This release is valid indefinitely. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

PARENT GUARDIAN WAIVER FOR MINORS (under 18 years old) IF APPLICABLE. The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

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CCSD Client's Name (Please print)

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CCSD Client's Signature

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Date

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If CCSD Client is under age 18, Signature of Parent or Legal Guardian

**Please Support The Official Charity of The Silver State 508:  
The Challenged Athletes Foundation**



**MISSION AND HISTORY:** It is the mission of the Challenged Athletes Foundation (CAF) to provide opportunities and support to people with physical challenges, so they can pursue active lifestyles through physical fitness and competitive athletics. The Challenged Athletes Foundation believes that involvement in sports at any level increases self-esteem, encourages independence and enhances quality of life.

**CAF VISION:** Challenged Athletes Foundation vision is to be a recognized leader in a movement through which physically challenged athletes are accepted and respected at the same level as able-bodied athletes, to have a great and significant impact on

each physically challenged athlete served, and to reach out to the physically challenged community by providing inspiration, awareness and mentoring.

**FROM ONE CAME MANY:** In 1994, an effort to help one man launched a global change in the way athletes with physical challenges are perceived and perceive themselves. Jim MacLaren was an exceptional athlete, first as an amputee and then as a quadriplegic. After losing his leg in a motorcycle accident, Jim became a pioneer, achieving feats that others never thought possible for amputees. Jim may no longer be with us, but his legacy lives on through Team CAF.

**24 YEARS OF CHANGE:** Celebrating 24 years that helped change the world, CAF is proud to have played a pivotal role in not only changing the lives of tens of thousands challenged athletes globally, but in evolving the world's perception and acceptance of those with physical challenges.

**YES! I'd like to donate:**

\$25    \$50    \$100    \$250    \$500    \$1000    Other Amount: \$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Check Enclosed

Credit Card

Card # \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ CSC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If donating by check, make check payable to "CHALLENGED ATHLETES FOUNDATION," and mail check with form to: CCSD, 1286 University Ave #268, San Diego, CA 92103.