

VERMONT MOUNTAIN BIKE FESTIVAL
PARTICIPANT WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY & FORUM SELECTION
AGREEMENT

I acknowledge that I am voluntarily participating in Vermont Mountain Bike Association's (VMBA) AND Sport Trails Of The Ascutney Basin's 2018 Vermont Mountain Bike Festival.

I am aware of the many inherent risks and dangers associated with mountain biking participation and assume all of these risks. I am aware that I could be seriously injured or killed as a result of participating in mountain biking. I am voluntarily participating in VMBA programs/events and assume any and all risks of bodily injury, death or property damage, whether known or unknown.

WAIVER: In consideration of permission to participate in VMBA programs and/or events I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue VMBA, STAB, Ascutney Trails, Upper Valley Mtn Bike Association(UVMBA), Woodstock Area Mountain Bike Association (WAMBA), its directors, officers, employees, volunteers, independent contractors, and agents from liability from any aforementioned parties as part of any VMBA and/or chapter program, game, contest, or events.

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in VMBA and/or chapter programs/events and to 2) any and all claims resulting from the damage to, loss of, or theft of personal property, this includes any damage to my bicycle(s) when voluntarily loaded, unloaded and/or handled by others during the event.

ASSUMPTION OF RISK: Mountain biking, by its nature, has many inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. VMBA/chapter programs and events will involve these risks, which may include, but are not limited to: crashing, cliffs, weather, other riders, trail obstructions, rocks, tree limbs, vehicle traffic, insects/fauna, and mechanical risks.

Mountain biking involves skills and techniques often requiring quick movements involving speed, change of direction, exertions of strength, and can involve stress on the cardiovascular system. The specific risks involved in mountain biking can range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as concussions, broken bones, and heart attacks to 3) catastrophic injuries including paralysis and death.

I agree to take full responsibility for the rides/trails I choose to ride/participate and will walk around any obstacles I am not comfortable riding. I understand and accept that I am ultimately in charge of gauging my own riding abilities, levels of excursion, and agree to ask questions to those in charge of the event if I need assistance.

MEDICAL HISTORY: I certify that **1)** I possess a sufficient degree of physical fitness to safely participate in VMBA/chapter programs/events, **2)** I understand that I am to discontinue any activity at any time I feel undue discomfort or stress, **3)** I take full responsibility for any health-related conditions that might affect my ability to safely participate, and **4)** I understand that I am taking full responsibility for any pre-existing medical condition that may impact while participating.

EMERGENCY MEDICAL CARE: In the event of a medical emergency, I authorize and give my consent and permission to VMBA/Chapter representative to provide any and all medical assistance, including but not limited to first aid, arranging treatment by medical personnel, physicians, nurses, or paramedics, and to authorize any emergency medical treatment. I further understand that in the event of a medical emergency that **I will be financially responsible for any and all expenses invoked.**

INSURANCE: I understand that I am solely responsible for any medical, health, or personal injury costs relating to my participation in VMBA/chapter programs/events. I understand that I am strongly encouraged to have a medical physical examination and purchase health insurance prior to any and all participation in any VMBA/chapter program/event. I also

understand that I am solely responsible for any damage to my bicycle during the Festival.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to **HOLD HARMLESS AND INDEMNIFY** VMBA, MAD RIVER RIDERS and SUGARBUSH RESORT from all claims resulting from my negligence and to reimburse them for any expenses incurred as a result of my involvement in any VMBA/chapter program/event. I further agree to pay all costs and attorneys' fees incurred by VMBA/chapter in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that VMBA/chapter is not responsible for the injury or loss.

I have read the previous paragraphs and **I KNOW THE NATURE OF THE ACTIVITIES** of VMBA/chapter programs/events. **I UNDERSTAND THE DEMANDS** of those activities relative to my physical condition and skill level, and **I APPRECIATE THE TYPES OF INJURIES** that may occur as a result of activities made possible by VMBA/chapter. **I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

FORUM SELECTION: I further agree that any dispute arising under this Agreement and/or from my use of the premises or facilities with VMBA, MRR or Sugarbush shall be litigated exclusively in the Vermont Superior Court, Civil Division, located in Chittenden County, Vermont or the U.S. District Court for the District of Vermont.

ACKNOWLEDGMENT OF UNDERSTANDING: I have read this waiver of liability and indemnification agreement and fully understand its terms. **I understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability.

Please initial next to each item acknowledging that you agree to:

- Will immediately make it known verbally to event organizers if I feel undue stress, fatigue or cardiovascular distress _____
- Have any and all emergency response medications I need to appropriately respond to all known allergens to which I may react and know how to administer those medications _____
- Will remain aware of my nutritional and hydration needs _____

Signature of Participant

Date

If Minor, Legal Guardian Signature

Date

Emergency Contact:

Name _____

Phone _____

Address _____
