

PARTICIPANT WAIVER



I certify that I am physically fit, am physically prepared to participate in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, lack of hydration, equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, journalists, event officials, event monitors, and/or producers of the event. The risks are not only inherent to athletics, but are also present for volunteers and support staff. I hereby assume all of the risks of participating and/or volunteering in this event held by NORCAL AIDS CHALLENGE/NORCAL AIDS CYCLE.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: NorCal AIDS Challenge/Cycle, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event beneficiaries, event directors, event volunteers, as well as any and all involved municipalities or other public entities, (and their respective agents and employees); (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this 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 have read, understand, and agree to abide by the rules of the event as published on the event website. I also understand that at this event or related activities, I may be photographed. I agree to allow my name and/or likeness to be used for any legitimate purpose by event holders, producers, sponsors, organizers and assigns.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors, and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I certify that I have read this document and I understand its content.

(Signature Page attached)