

10th Annual Southern Lakes Yukon GranFondo

Saturday, June 3rd, 2017



SOUTHERN LAKES YUKON GRANFONDO

Re: Southern Lakes Yukon GranFondo (the "Event")

To: Community Associations / Societies and their directors, officers and members (collectively referred to as the "Associations") and their employees, officials, agents, representatives, volunteers and sponsors (collectively referred to as the "Agents") involved in regulating or administering the Event, or any activity related to the Event.

In consideration for the Associations or their Agents accepting my application to participate in the Event and agreeing to provide equipment, facilities and the services of its Agents for the Event, or any activity related to the Event, I hereby agree as follows:

ASSUMPTION OF RISKS

1. I am aware that participating in the Event involves accepting the risks, dangers and hazards associated with the Event, including but not limited to:
 - a. Natural and human-made hazards, such as uneven and rough road surfaces, loose gravel, steep hills and embankments, high winds, extreme and changeable weather conditions, marked and unmarked hazards, wild animals, including bears, communication difficulties in the event of an accident, and delays in obtaining appropriate or any medical and rescue assistance;
 - b. Motor vehicle, bicycle and pedestrian traffic;
 - c. Physical injury, including contact and collision with Agents, spectators, other participants, or roadways;
 - d. Acts, omissions and conduct, including NEGLIGENCE by or on behalf of the Associations and their Agents, other participants, spectators, or users of the roadway and environs who may not have valid liability insurance.
2. I am also aware that the Associations, the Agents, other participants, spectators and other users of the roadway and its environs may not have valid or adequate liability insurance.
3. I acknowledge that my application and any fee paid by me or on my behalf does not include or entitle me to the provision of any liability, medical, or accident insurance or benefits, and that it remains my responsibility to obtain valid or adequate liability, medical or accident insurance to cover my participation in the Event.

WAIVER

IMPORTANT: PLEASE READ CAREFULLY AS YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE RELEASE OF LIABILITY, WAIVER OF CLAIM, AND AGREEMENT OF INDEMNITY.

I AGREE TO:

1. RELEASE the Associations and the Agents from and against ALL CLAIMS, ACTIONS, COSTS, DEMANDS and EXPENSES WHATSOEVER with respect to death, injury, loss, damage or expenses to me or my property or to other persons and their property however or wherever caused, INCLUDING ANY CLAIMS FOR NEGLIGENCE arising out of or related to my participation in the Event, including medical treatment or evacuation (the "Claims").
2. INDEMNIFY and HOLD HARMLESS the Associations and the Agents from and against any Claims that may arise from or out of my participation in the Event.
3. NOTWITHSTANDING that any such Claims may arise out of or have been caused or contributed to by any act or omission by me, the Associations or the Agents.

FURTHER AGREEMENTS:

1. Any rules and guidelines for the Event and the use of any facilities or equipment provided by the Associations or its Agents are solely for the purpose of regulating the Event and it is my sole responsibility to act and govern myself in such a manner as to be responsible for my own safety.
2. I acknowledge that the Event is physically demanding and I certify that I am physically capable of participating in the Event and that I have no medical conditions that would interfere with my capability to participate.
3. This PARTICIPANT WAIVER shall be governed in all respects by and interpreted in accordance with the laws of the Yukon Territory.
4. In entering this PARTICIPANT WAIVER, I am not relying on any inducements or representations made by the Associations or the Agents.
5. This PARTICIPANT WAIVER is binding upon me, my heirs, administrators, successors and assigns.

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YOUR TEAM:

Team name: _____

Contact email: _____

Contact phone: _____

Rider: _____

Age | Sex | Legs: | | _____ | _____ | _____

Rider: _____

Age | Sex | Legs: | | _____ | _____ | _____

Rider: _____

Age | Sex | Legs: | | _____ | _____ | _____

Rider: _____

Age | Sex | Legs: | | _____ | _____ | _____

Rider: _____

Age | Sex | Legs: | | _____ | _____ | _____

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.

Signed this _____ day of _____, 2017

Participant: _____

Signature: _____

Guardian: _____

Witness: _____

Signature: _____

Witness to be at least 19 years of age.

If Participant is under 19, then parent or guardian must also sign.

NOTE:

Though we only have 4-timed legs, you can still register 5-person teams in order to share distances between checkpoints.