## ARC of St. Clair County Witch's Ride Registration form and Release / Waiver Form

Name:	-
Phone number:	
Email:	

## BY PARTICIPATING IN THIS EVENT YOU AGREE TO THE FOLLOWING CONDITIONS ON YOUR BEHALF OR ON BEHALF OF YOUR CHILD:

I understand that the Witch's Ride in support of the ARC of St. Clair County (the "Event") is an athletic event that should only be engaged in by persons who are physically fit and in good health, as determined by a physician. I also understand that my participation entails some risks, including but not limited to injury or death, caused by my actions as well as the acts or omissions of fellow participants or others.

I attest and verify that I will participate in this Event, that I am physically fit for this Event, and accept all risks associated with my participation. Further, I hereby grant full permission to the ARC of St. Clair County and the organizers to use, without compensation to me, any photographs, videotapes, motion pictures, or any other recordings or other record of this Event containing my Image for any purpose whatsoever.

In consideration for privilege of participating in the Event I, the undersigned, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the Arc of St. Clair County, its officials, officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, accident, incident, or injury, whether physical or mental, including but not limited to death, that may be sustained by me or any loss or damage to my property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in the Event I currently have, have had previously, or might later accrue, whether known, unknown, contemplated or contemplated to me at this time.

I agree that I will follow any and all rules, regulations, or orders governing conduct for this activity, including, but not limited to, following the route for the ride. I hereby AGREE TO INDEMNIFY, DEFENDANT, AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur or that is threatened against them due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, and my heirs, assigns, designees, legatees, personal representative, and any other successor in interest, and shall be deemed a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Alabama.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold	
Harmless agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations,	
statements, or inducements, apart from the foregoing written agreement, have been made; I am at least sixteen (16) years	
of age with legal guardian permission or I am at least ninteen (19) years of age and fully competent; and I execute this	
Release for full, adequate and complete consideration fully intending to be bound by same.	
By signing below I certify that I have read the Registration Form, Liability Waiver and Agree to all the Rules and accept all	
liability associated with my participation or my child's participation if the same be applicable.	
Printed name of participant:	
Signature of Participant (if 19 years of age or older): OR	
Signature of Legal Guardian of participant:	