

Pikes Peak Adventure Race 2013 Registration Form

Race Length:

- ☐ 12 Hour Pikes Peak AR
- ☐ 1 Hour L'il Pikes Peak Adventure

Race Division:

- ☐ 3-4 Person Coed
- ☐ 2 Person Coed
- ☐ 2 Person Open
- ☐ Solo Male
- ☐ Solo Female
- ☐ Large Group / Family (3+Open / 5+ Coed)

Current Pricing Available at:

<https://docs.google.com/document/d/1ZnNvXEdRwp8AllQxwL-9R4f5RaxWceIN87OUUJ4tAQg/edit?usp=sharing>

Team Name:

Racer 1 Name (Captain): _____

☐

Male

☐

Female

Racer 1 Address: _____

City: _____ State: _____

Email: _____ Phone: _____

Enter Additional Teammates on the following page(s). Print as many as necessary.

I have read, understand, and agree to the Consent, Waiver, and Release Form Liability Form located at <http://www.bigmountainar.com/OnlineLiabilityWaiver.htm> (and below) and understand that additional waivers will be signed at racer check-in for each participant.

Signature (Team Captain)

Date

Payment:

Please include a check or checks to satisfy the team registration in full. See the table below for team size / date dependent registration costs. See Registration Website for details.

<http://www.bigmountainar.com/register.php>

Make checks payable to
Big Mountain Adventure, LLC.

Please mail this form and check to:
Big Mountain Adventure
105 Williams St.
Colorado Springs, CO 80905

Also send an email to
BMAR@BigMountainAR.com to
let us know to expect your
registration. Thanks!

Event Liability Release

I acknowledge that participating in an event by Big Mountain Adventure involves an above average risk of personal injury to me and my property, and I knowingly and voluntarily agree to the terms and conditions outlined in this CONSENT, WAIVER, AND RELEASE FROM LIABILITY. In consideration and exchange for being permitted to compete in the Event, and having the opportunity to win prizes, I agree to the following:

I am over eighteen (18) years of age, in good health and have no physical conditions that affect my ability to participate in the Event and have not been advised otherwise by a medical practitioner. I am covered by medical insurance, individually or as part of an organization. I agree that I may choose prior to participation in the Event to inspect the related facilities, site, and equipment. I will immediately advise Event personnel of any unsafe condition that I observe. I will refuse to participate in the Event until all unsafe conditions have been remedied.

If under eighteen (18) years of age, a parent or guardian signature is required on this liability release form. No child under the age of twelve (12) is permitted in the Event, and participants under the age of eighteen (18) may participate in an altered course design at the Event.

I assume full responsibility for all risks associated with my participation in the Event and the risk of injury caused by the condition of my property, facilities, or equipment used during the Event, which may not be foreseeable by anyone at any time. I hereby release, waive, discharge, and agree not to sue Big Mountain Adventure, LLC or the land owners on which the Event takes place, along with their parent companies, affiliates, and their successors and assigns (Companies), their respective employees, shareholders, members, officers, directors, agents, or volunteers for any injuries, losses, damages, liabilities, or expenses that are caused or alleged to be caused by their negligent acts or omissions, or the condition of the property, facilities, or equipment used for the Event.

This waiver is a legally binding agreement and will be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be severed from this agreement, and not affect the validity or enforceability of any other provisions.

I UNDERSTAND THAT ADDITIONAL RELEASE FORMS MAY BE SIGNED AT THE EVENT CHECK-IN. THESE MAY INCLUDE RELEASE FORMS FROM ENTITIES OTHER THAN BIG MOUNTAIN ADVENTURE, LLC.

I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENT. I UNDERSTAND THAT BY SIGNING BELOW, I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I HAVE VOLUNTARILY SIGNED THIS RELEASE. I AGREE THIS DOCUMENT IS NOT ONLY BINDING ON ME BUT WILL ALSO BE BINDING UPON MY PERSONAL REPRESENTATIVES, EXECUTORS, HEIRS, AND NEXT OF KIN.

I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceedings.

Additional Team Members:

Racer Name: _____ ☐ Male ☐ Female

Racer Address: _____ Shirt size: _____

City: _____ State: _____

Email: _____ Phone: _____

Racer Name: _____ ☐ Male ☐ Female

Racer Address: _____ Shirt size: _____

City: _____ State: _____

Email: _____ Phone: _____

Racer Name: _____ ☐ Male ☐ Female

Racer Address: _____ Shirt size: _____

City: _____ State: _____

Email: _____ Phone: _____

Racer Name: _____ ☐ Male ☐ Female

Racer Address: _____ Shirt size: _____

City: _____ State: _____

Email: _____ Phone: _____

Racer Name: _____ ☐ Male ☐ Female

Racer Address: _____ Shirt size: _____

City: _____ State: _____

Email: _____ Phone: _____

Racer Name: _____ ☐ Male ☐ Female

Racer Address: _____ Shirt size: _____

City: _____ State: _____

Email: _____ Phone: _____