



2012 Highlands Ranch Race Series



Mountain Bike Cross Country Race

7/14/12

Name	Sex:	D.O.B.
	Age on race day:	
Address		
Phone		
E-mail		

Entry fees are non-refundable and non-transferable. For more details on each race, or to register online, please go to www.highlandsranchrunseries.com.

Liability Waiver I understand and accept that there are risks involved in participating in any recreational activity. I am aware of those risks, and I am voluntarily participating in this activity with knowledge of the risks involved. I agree to accept any and all such risks of injury, death and/or property damage. I agree to the terms of this waiver, release, covenant not to sue and indemnity agreement as set forth herein. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills. I acknowledge that Highlands Ranch Community Association, Inc. (Hereinafter "HRCA") has not purchased and does not provide any medical or accident insurance to cover such expenses. Any such insurance is my responsibility. I waive, release, absolve indemnify and agree to hold harmless Highlands Ranch Community Association its members, officers, directors, employees, volunteers, agents or any other representative of these entities against any and all causes of action, claims, demands, losses, expenses, ability. In addition, I understand that my conduct, if deemed inconsistent with the rules of good sportsmanship and fair play, or the HRCA Rules and Regulations may result in my expulsion from this and other programs. I agree that if registered as a runner, the HRCA staff may audit runners and/or HRCA member's status at any time. Any photographs taken while participating in any program, recreational activity, or event are the property of the Highlands Ranch Community Association, Inc. and may be used at their discretion.

Signature _____ Date _____

(Parent or guardian if under 18 years of age)