

**AUTHORIZATION, ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY FOR EVENT PARTICIPATION  
AT FORT LEWIS COLLEGE**

I hereby consent to the participation of \_\_\_\_\_ (hereafter "participant") in Fort Lewis College Cyclocross Series.

I/we certify, that to the best of my knowledge, participant is in good physical condition and has not recently to my/our knowledge suffered or been exposed to a contagious disease, including but not limited to COVID-19, and has no illness or injury that would impair his/her performance or participation in cyclocross activities.

I/we, the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of injury to participant. I/we understand that I/we will be responsible for any expenses incurred on participant's behalf in connection with any medical treatment.

I/we acknowledge the risk of injury and/or illness from cyclocross activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury or death does exist.

I/we acknowledge the risk of participant being in direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and that it is impossible to eliminate the risk that participant could become infected through contact with or close proximity to an individual with a communicable disease.

In consideration of participant being allowed to participate in cyclocross activities presented by Fort Lewis College, I/we knowingly and freely assume all risks described above, both known and unknown, even if arising from the negligence of Releasees (as defined below) or others, and assume full responsibility for participant's participation. I/we agree that Fort Lewis College, its Athletic Department and its staff shall not be liable for any damage arising from personal injury sustained by participant during cyclocross. I/we assume full responsibility for any damages or injuries which may occur to participant during the cyclocross event and hereby fully and forever discharge and hold harmless Fort Lewis College, its Trustees, coaches, employees, volunteers and agents (hereafter "Releasees") from any and all claims, demands, damages, or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the participants's participation in the cyclocross event, including illness, injury, disability, death, loss of property or other damage, even if arising from negligence of Releasees.

**I HAVE READ THIS AUTHORIZATION, ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant Name: \_\_\_\_\_ Participant Phone: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**FOR CAMPERS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_