



RACE THE RANCH BC CUP DOWNHILL May 28-29, 2016 MEDICAL INFORMATION AND WAIVER

Plate #: _____ (given on site)

Name _____

Medical alert/Allergies: _____

Emergency Contact & Telephone: _____

Waiver Form

I, the undersigned, am fully aware and understand that there are inherent risks involved with the sport of bike riding and racing which I accept. I am participating at my own risk and waive all claims of every nature against The City of Kamloops, the organizers, officials, volunteers, the Canadian Cycling Association, its National Capital Commission, Cycling BC, Kamloops Performance Cycling Centre and any other participating agencies and sponsors with respect to any personal loss or bodily injury resulting from participation in the event. I also understand the rigors of such an event and have prepared myself physically for the race.

Signature: _____ Date: _____

If under 18 years of age, the signature of parent or guardian is required.

Signature: _____ Date: _____