

ASSUMPTION OF RISK AND CONSENT TO MEDICAL TREATMENT

Acknowledgment and Assumption of Risk:

I understand that mountain biking activities in this area are INHERENTLY DANGEROUS, which can cause SERIOUS INJURY OR DEATH, including uneven and/or slippery trail and feature conditions, varying slopes and terrain, bumps, stumps, trees, roots, forest growth, cliffs, rock and rock drops, loose gravel and dirt, wet surfaces, holes and potholes, downed timber, debris, depressions, other bikes, dirt and wood features and other constructed features, all terrain vehicles, motor vehicles, paved surfaces, collisions with vehicles, riders, pedestrians, objects and heavy equipment, and mechanical or other failure of personal equipment, and I the pass holder ASSUMES ALL RISKS. I agree to use all facilities safely, will read and follow all signage, will control speed, will avoid all-terrain vehicles and other natural or man-made objects on or near the trails, I also understand that there are potential risks of which I may not presently be aware. Because of the dangers of participating in this activity I recognize the importance and agree to fully comply with the applicable laws, policies, rules and regulations, and any instructions regarding participation in this activity.

I understand that the State of North Dakota (State) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the State has no responsibility or liability for injury resulting from this activity.

I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This Assumption of Risk shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____

If participant is under the age of 18:

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

Name of Minor: _____

Age of Minor: _____

Signature of Parent/Guardian: _____

Date _____

Printed Name of Parent/Guardian: _____

Date _____

Witness: _____

Date _____