

Hawk Point Athletic Association  
Side-by-Side Ride  
HOLD HARMLESS RELEASE AGREEMENT

1. I know that this activity is a potentially hazardous activity and agree that my participation is entirely voluntary. I know I should not enter this activity unless I am medically able to participate and by signature below attest that I am medically fit to participate. I know that the hazards of activities may include but are not limited to rigorous exercise and exertion; falling; collision with other participants; collision with fixed objects; collision with stationary; the effects of weather, including high heat humidity; hit, pushed, or dropped. and I further state that I know that injuries can range from minor to serious, including loss of sight, paralysis and death.
2. That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs. to release and hold harmless The Curators of Hawk Point Athletic Association and their trustees, officers, employees, and agents from any and all liability, damage, or claim of any nature whatsoever arising out of my participation.
3. I understand and acknowledge that the activity am voluntarily engaging in bears certain known and unanticipated risks which could result in injury, death, illness, disease, emotional or physical distress, damage to themselves, property or to third parties.
4. I understand that Hawk Point Athletic Association may not provide any Accident or Medical Insurance.
5. I have read and understand the terms of this release and agree to all terms and conditions-
6. I am of lawful age and legally competent to sign this waiver and release. and I have signed this document as my own free act.
7. I hereby consent to any publicity, including the use of my name and likeness, in connection with my participation in the Hawk Point Athletic Association Side-by-Side Ride.

1. PRINT NAME: \_\_\_\_\_ Are you 18+ years of age?  
Yes or No  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. PRINT NAME: \_\_\_\_\_ Are you 18+ years of age?  
Yes or No  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. PRINT NAME: \_\_\_\_\_ Are you 18+ years of age?  
Yes or No  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. PRINT NAME: \_\_\_\_\_ Are you 18+ years of age?  
Yes or No  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is a minor, I hereby certify that I am the parent or the legal guardian of the participant.

Parent/legal Guardian Full Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Full Name: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Hawk Point Athletic Association Side-by-Side Ride

Waiver Form - September 23, 2023

IT IS THE PURPOSE of this agreement to exempt, waive and relieve releases from liability for personal injury, property damage, and wrongful death. including it caused negligence, including the negligence, if any, of releases. "Releases" include the Hawk Point Athletic Association, their affiliates, officers, directors, managers, employees, representatives, agents and volunteers, and their successors-irbIntere.st, if any.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the releases from all liability to the undersigned, their personal representatives, assigns. heirs, and next of kin for any and all loss or damage, and any claim or demands therefore an account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is participating in the event.

I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost (including attorney's fees) they may incur due to the presence of the undersigned participating in the event and whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED ACKNOWLEDGES, AGREES AND UNDERSTANDS that the use of Motorized Vehicles for the event may involve risks to participant's person and property, Including personal injury, disability, paralysis. or death and damages which may arise therefrom and that undersigned has full knowledge of such risks.

The County, State or Federal laws. statutes, ordinances, or regulation and shall be personally liable for all fines and penalties for traffic law violations.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise while participating in the indemnity agreement is intended to be as broad and inclusive as is permitted by law of the state in which it is operated in and that if any portion thereof is held invalid it is agreed that the balance shall, notwithstanding, continue in full length force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

1. PRINT NAME: \_\_\_\_\_ Are you 18+ years of age?  
Yes or No  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. PRINT NAME: \_\_\_\_\_ Are you 18+ years of age?  
Yes or No  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. PRINT NAME: \_\_\_\_\_ Are you 18+ years of age?  
Yes or No  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. PRINT NAME: \_\_\_\_\_ Are you 18+ years of age?  
Yes or No  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A parent must sign for children under 18**