

WAIVER AND RELEASE

Assumption of Risk. I understand that I will be engaging in activities that may involve the risk of serious personal injury, illness, permanent disability, dismemberment and death, and that also involve the risk of severe economic and property loss and damage. I assume all of the foregoing risks including the risk of any negligence by other participants, the Team or any of the organizers or volunteers of the Event and the risk of injury caused by the condition of any property, facilities or equipment used during the Event.

Participation in any Event includes possible exposure to and illness from infectious diseases including but not limited to MRSA, Influenza, and COVID-19. While particular efforts of the RailRiders and personal discipline may reduce this risk, the risk of serious illness and death does exist. ON BEHALF OF MYSELF AND MY CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for our participation

Release. I hereby release and forever discharge and agree to save and hold harmless the Team, the owners and lessors of the Ballpark, the local municipality and each of their respective affiliated companies, volunteers associated or affiliated with the Event, the organizers of the Event and each of their respective officials, owners, partners, directors, officers, employees and agents, and the other participants in the Event (each such entity or individual being referred to as a "Released Party") of and from any and all injuries (including personal injury, disability, dismemberment, death and damage to property), illness losses, damages, claims, liabilities or expenses of any kind or nature (and whether accruing to me, my heirs or my personal representatives) that I or my property may suffer that are caused or alleged to be caused in whole or in part by the action, negligence, failure to act or condition of the property, facilities or equipment of any Released Party and that arise out of or in connection with the Event or my participation therein or attendance thereat.

Medical Treatment. In connection with any injury I may sustain or illness or other medical conditions I may experience during my participation in or attendance at the Event, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf. I further authorize the attending medical personnel to execute on my behalf any permission forms, consents or other appropriate documents relating to medical attention and to act on my behalf if I am not able or immediately available to do so.

I represent that I have freely and voluntarily signed this waiver and release and understand its full legal effect.

Signature: _____ Address: _____

Print Name: _____ Date: _____

Phone Number: _____ Email: _____

Age of Participant: _____ Name of Participant: _____

IF THE PERSON EXECUTING THE ABOVE WAIVER AND RELEASE IS A MINOR, THE FOLLOWING MUST BE COMPLETED:

I represent that I am a parent or guardian of the minor who has signed the above release, and I hereby agree that we both will be bound thereby.

Signature: _____ Address: _____

Print Name: _____ Date: _____

Relationship to Minor: _____