

Daniel Heffernan  
Mountain Bike Camp

Release and Waiver of Liability

Participant Name (print) : \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Allergies: (to drugs, foods, insect bites, etc.): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please Read:

By signing below I acknowledge that I know of no known health related or physical reason why my child cannot fully participate in the Daniel Heffernan Mountain Bike Camp. I understand the camp may include both on and off road biking, hiking, walking and there may be an inherent risk of serious injury including partial or full paralysis or death.

I give authorization for Daniel Heffernan Mountain Bike Camp to administer first aid and or other medical attention to my child as needed. If the undersigned/emergency contact is unreachable in case of an incident requiring emergency medical attention I authorize Daniel Heffernan/ Mountain Bike Camp to contact the family physician listed above or use their best judgment in administering and seeking emergency medical attention as required if the family physician is not reachable.

I hereby assume full risk, waive all claims, agree to indemnify and release and hold Daniel Heffernan and Daniel Heffernan Mountain Bike Camp and all of its staff (employees and volunteers) individually or otherwise harmless for any and all liability, claims, suits, damages, expenses, fees, action, or rights of action, or judgments as a result of injury or death to myself or my child(ren) or damage, destruction or loss of my property which in anyway relates to, arises from, or is in any way connected with the participation in events or activities with Daniel Heffernan Mountain Bike Camp.

The undersigned has legal authority to execute this agreement.

I have read and understand the above waiver.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_