

24 Hours of Clear Springs

Early Registration must be postmarked no later than October 26<sup>th</sup>, 2009.

Race Day fee: \$70.00 per person except Solo which is \$95.00

Mail Registration and Non-Refundable Race Fees (Check or Money Order) to:  
24 Hours of Clear Springs  
TriCounty Mountain Bike Association  
101 Shallow Cove  
Ridgeland, MS 39157

Make Checks payable to Ridgeland Cycling Club

Please mark a category:

Solo - \$85.00

Team Member (Teams must have 4 members) – \$60.00/member

\* \$5.00 additional charge for all non-NORBA members. NORBA members must show their annual license at pre-race registration.

Team Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Other Team members (including Team Captain):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

ANNUAL NORBA MEMBERSHIPS WILL BE SOLD ON-SITE THE EVENING BEFORE AND MORNING OF THE RACE.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM  
24 Hours of Clear Springs

October 31<sup>st</sup>/November 1<sup>st</sup>.

This form must be read carefully, filled out completely and signed by the participant. Accident waivers must be submitted with the race registration form.

PLEASE PRINT CLEARLY TO ENSURE ALL INFORMATION IS RECORDED CORRECTLY.

TEAM NAME \_\_\_\_\_  
RACER NAME \_\_\_\_\_  
STREET \_\_\_\_\_ SEX M \_\_\_\_\_ F \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
PHONE (DAYTIME) \_\_\_\_\_ (EVENING) \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

I acknowledge that this is a strenuous test of my athletic ability. The 24 Hours of Clear Springs, is a rigorous test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, darkness, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, lack of hydration, and actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/ or producers of the event. These risks are not only inherent to athletics, but are also present for volunteers. I hereby agree to assume all of the risks of participating and/ or volunteering in the 24 Hours of Clear Springs. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective property owned, maintained, or controlled by them or because of their liability without fault. I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, and that it will govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in the 24 Hours of Clear Springs, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including attorney's fees, expert fees, litigation costs, and my traveling to and from the 24 Hours of Clear Springs. THE FOLLOWING ENTITIES OR PERSONS: Natchez Bicycle Club, National Forestry Service, and any involved municipalities, their directors, officers, employees, volunteers, representatives and agents, the event holders, event directors, event sponsors, vendors, event volunteers, property owners; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in the 24 Hours of Clear Springs, whether caused by the negligence of those described above or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/ or illness during this event. I understand that at this event or related activities, I may be photographed and/ or videotaped. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, organizers and/ or assigns. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law. In the event any aspect of this release is deemed to be unenforceable, I hereby agree that the release shall be construed as broadly as possible without impacting the remaining aspects of this release. I further agree to abide by all the rules and regulations as set forth by the directors of this event. I hereby certify that I have read this document and understand its content.

1-PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: If 17 or under, Signature of Parent or Guardian is required below:

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact acting in such capacity and agrees to save, hold harmless and indemnify each and all of the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I acknowledge that any activities within the boundaries of the Clear Springs Recreational Area of the Homochito National Forest will abide by regulations as stated in the Code of Federal Regulations, Section 261.1 ([http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title36/36cfr261\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title36/36cfr261_main_02.tpl)).

2-PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_