



Tour de Trail



RELEASE OF LIABILITY BY PARTICIPANTS PERMISSION TO PUBLISH PHOTOGRAPH

Liability Waiver For Participant: By signing below, as a participant (or as a parent of a participant under 18 years of age) in the Tour de Trail, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, loss which I sustain as a result of participating in any and all activities connected or associated with the program. I do hereby fully release and discharge the Paint Creek Trailways Commission, Charter Townships of Oakland and Orion, Cities of Rochester and Rochester Hills, the Village of Lake Orion, Friends of the Paint Creek Trail, their officers, agents, volunteers, sponsors and employees from any and all claims from injuries, including death, damages or loss which I may have or which may occur to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Paint Creek Trailways Commission, Charter Townships of Oakland and Orion, Cities of Rochester and Rochester Hills, Village of Lake Orion, Friends of the Paint Creek Trail, their officers, agents, volunteers, sponsors and employees from any and all claims resulting from injuries, including death and losses sustained by and arising out of, connected with, or in any way associated with this program. I authorize the Paint Creek Trailways Commission and Friends of the Paint Creek Trail to use photographs showing my image in any of their printed documents and on their website.

COVID-19 WAIVER

By signing below, as a participant (or as a parent of a race participant under 18 years of age), I recognize and acknowledge that participating in this event is potentially hazardous, including the risk of exposure to Covid-19 and I agree to assume the full risk of any illness, including death, damages, loss which I, or my child may sustain as a result of participating in the event.

I do hereby fully release and discharge the Paint Creek Trailways Commission, its officers, agents, volunteers, sponsors and employees from any and all claims from illness, including death, damages or loss which I or my child may sustain on account of participation in the event. I further agree to indemnify and hold harmless and defend the Paint Creek Trailways Commission, its officers, agents, volunteers, sponsors and employees from any and all claims resulting from illness, including death and losses sustained by and arising out of, connected with, or in any way associated with this event.

This is to certify that I, for myself, or as parent/guardian with legal responsibility for this participant, do consent and agree to the release, indemnify and hold harmless as provided above, from any and all liabilities incident to my, or my minor child's involvement or participation above, even if arising from my or my child's negligence.

REGISTRATION

Printed Name(s)

Signature of Participant (s) (Parent Signature if minor)

Address _____

City/State/Zip _____

Date _____

Email Address _____

While there is no obligation, we welcome voluntary donations for Paint Creek Trail improvements

Yes! I'd like to help improve the Paint Creek Trail with a tax-deductible donation of \$ _____

Please make checks payable to Paint Creek Trailways Commission. Credit cards accepted onsite.

I'm unable to donate at this time, but I am looking forward to the event!