

BuDu Racing, LLC

Category _____

Race Number _____

To be completed by BuDu Racing Staff. Please do not fill in

2020 ~ ENTRY FORM WEST SIDE MOUNTAIN BIKE SERIES

Please print

Team Name: _____

Name (first and last): _____

Age@Year End _____

Address: _____

Gender: Male Female

City: _____

State: _____

Zip Code: _____

Phone (include area code): _____

Email address _____

Emergency Contact _____

Emergency Phone _____

Indicate with a check mark which Category/Division you will participate in: Only check one box

Cat 3	<input type="checkbox"/> Colleg	<input type="checkbox"/> Open	Cat 2	<input type="checkbox"/> Colleg	<input type="checkbox"/> Fat Tire	<input type="checkbox"/> Open	Cat 1	<input type="checkbox"/> Colleg
<input type="checkbox"/> Age Group	<input type="checkbox"/> Clydes	<input type="checkbox"/> Age Group	<input type="checkbox"/> Clydes	<input type="checkbox"/> Single Speed	<input type="checkbox"/> Age Group	<input type="checkbox"/> Clydes	<input type="checkbox"/> Single Speed	

Divisions are based on age @ YEAR END listed above (Does not apply to Clydesdale, OPEN or Single Speed)

If you do not have a medical insurance policy, please do not participate.

RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION: By signing below, I hereby certify that I have read each and every section of this Release of Liability, Hold Harmless and Indemnification (hereinafter "Release"), understand its meaning, agree without reservation to the terms contained herein, and adopt the below statement as my own:

Assumption of Risks. I understand that the event for which I am signing this Release is a dangerous sport in which crashes and accidents are frequent, and which is an extreme test of my physical and mental limits, and which carries with it the risk of extreme injury, death, and property damage. By participating in this event, I hereby accept all risks, whether known or unknown to me, including, but not limited to risks caused by the naturally occurring or man-made conditions of the event venue, risks caused by other participants, risks caused by spectators and vehicles, and risks caused by the following, who shall collectively be referred to as "Promoters": (a) BuDu Racing, LLC, Rory Muller, Deanna Muller, as well as their directors, officers, employees, volunteers, representatives, and agents; (b) the event holders, sponsors, directors, and volunteers; and (c) King County, WA; Island County, WA; City of Tacoma; Washington State Parks and Recreation Commission; Key Pen Parks; Olympic Property Group 1, LLC (including Pope Resources); Kitsap County; Washington State Department of Fish and Wildlife and the officers, employees and agents of the aforementioned entities. By allowing the minor to participate in this event, I have assumed the duty to inspect the event and venue, and agree that this Release shall apply to all defects in the event and venue.

Hold Harmless and Defend. In consideration for my participation in this event: (a) I hereby hold harmless Promoters from any and all liabilities, claims, and demands that may arise out of any injury, damage, or condition that I may suffer as a direct or indirect result of this event; and (b) I hereby indemnify and agree to defend Promoters in the event I am injured and any of my beneficiaries, assigns, dependents, family members, relations, associates, agents, representatives, powers of attorney, parents, guardians, or any other person or entity files a claim or lawsuit for any injury, damage, or condition I, or any other person suffers as a direct or indirect result of my participation in this event, such that if any claim or lawsuit relating to my participation in this event is filed against Promoters, myself or my estate will wholly and completely defend such claim or lawsuit and pay any and all judgments, costs, fees, penalties and attorney's fees (including the attorney's fees of Promoters), which may be ordered or required.

This Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under the law.

I hereby consent to the receipt of medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand at this event, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

Applicability to All Mountain Bike Series Events. I acknowledge, understand and agree that this Release shall apply to all events held during the year of my signature, and that I may be asked to resign this release for each event that is held.

I hereby certify that I have read this document, and, I understand its content. I also understand that in order to participate in an event, I need to check in and register at each event.

Signature of Rider: _____

Date: _____

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