



## Trails Have Our Respect

[www.trailshaveourrespect.org](http://www.trailshaveourrespect.org)

### WAIVER OF CLAIM:

IN CONSIDERATION OF SUPPORT OF **TRAILS HAVE OUR RESPECT** (HERE IN AFTER REFERRED TO AS T.H.O.R.) I, FOR MYSELF AND MY MINOR CHILD/CHILDREN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, HEREBY AGREE TO FOREVER RELEASE AND DISCHARGE ANY AND ALL INJURIES, INCLUDING DEATH AND ANY PROPERTY DAMAGE IN ANY MANNER ARISING OR RESULTING FROM MY PARTICIPATION OR MY CHILD/CHILDREN'S IN ANY ACTIVITY CONDUCTED BY OR IN CONJUNCTION WITH T.H.O.R.

I ATTEST AND VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS INVOLVED IN MOUNTAIN BIKE RIDING AND IN ALL T.H.O.R. ACTIVITIES. THAT I ASSUME THOSE RISKS, THAT I WILL NOT, WITHOUT LIMITATION, ASSUME AND PAY ANY AND ALL MEDICAL AND EMERGENCY EXPENSES INCURRED ON OR BY CHILD/CHILDREN'S BEHALF IN THE EVENT OF AN ACCIDENT, INJURY, ILLNESS, OR OTHER INCAPACITY WHILE PARTIPATING IN ANY T.H.O.R. ACTIVITY, REGARDLESS OF WHETHER I HAVE AUTHORIZED SUCH EXPENSE. I FURTHER AGREE THAT IN THE EVENT I REQUIRE MEDICAL OR SURGICAL TREATMENT WHILE UNDER THE SUPERVISION OF T.H.O.R. OR ANY OF ITS REPRESENTATIVES, SUCH T.H.O.R. REPRESENTATIVES MAY AUTHORIZE MEDICAL TREATMENT FOR MYSELF.

I HAVE READ AND AGREE WITH ALL TERMS OF THIS WAIVER. (Applicants under the age of 18 require the signature of a parent or legal guardian.)

\*\*\*\*\* *This waiver is a part of the Trail Maintenance Sign-in Log* \*\*\*\*\*