

**LIABILITY WAIVER  
AND ACKNOWLEDGEMENT OF RISK**

**CASCADE CYCLING CLASSIC KID'S RACE**

I am the parent or guardian of:

_____	_____
Child #1	Age
_____	_____
Child #2	Age
_____	_____
Child #3	Age

I, on behalf of my minor child(ren) listed above, acknowledge that the Cascade Cycling Classic Kid's race (the "Event") is a physically strenuous activity and my child(ren) is/are physically capable of participating in this activity, and that Mount Bachelor Sports Education Foundation, Inc., Bryant Lovlien & Jarvis, PC, Hutch's Bicycles, other participants, volunteers, sponsors, or advertisers involved with the Event, and if applicable, owners and lessors of premises used to conduct the Event, and all officers, agents, and employees of each of the foregoing persons or entities, all of whom shall collectively be referred to as the "Released Parties", have made no representations or guaranties of the safety of this activity to me or my child(ren). The activity my child(ren) is/are about to engage in bears certain known and unanticipated risks which could result in injury, death, illness, or damage to my child(ren), my child(ren)'s property, or to other third parties. **I KNOWINGLY, FREELY, AND EXPRESSLY AGREE TO ACCEPT AND ASSUME ALL SUCH RISKS**, whether known or unknown.

In consideration for my child(ren)'s participation in the Event, for myself, and on behalf of my child(ren), I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the Released Parties, from any and all liability, claims, demands, or actions for injury or death to my child(ren), or injury to my property or property of my child(ren), or for which I or my child(ren) may be liable to others, which are in any way connected with my child(ren)'s participation in this activity, other than for gross negligence or willful misconduct by such Released Parties.

All disputes between myself and any Released Party arising from my child(ren)'s participation in this Event will be governed by the laws of the State of Oregon, and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon, and the venue for these disputes shall be in Deschutes County, Oregon.

I represent that I have the legal authority to sign this Liability Waiver and Acknowledgement of Risk on behalf of the child(ren) identified above who is/are minor participant(s) and will hold harmless and indemnify the Released Parties from any liability that may be imposed against such parties because this representation is found to be untrue. My signature below indicates that I have read this entire document and understand it completely. I enter into this agreement fully and voluntarily and agree that it will be binding upon the heirs, assigns and legal representatives of myself and my child(ren). I further agree that if any part of this agreement is unenforceable, the remainder shall continue to be effective.

Signature of  
Parent or Guardian \_\_\_\_\_

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

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

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