



# FIBArk MOUNTAIN BIKE RACE

Sunday, June 18, 2017  
10:00am



**INDIVIDUALS MUST FILL OUT THIS ENTRY FORM AND A LIABILITY WAIVER**

NAME (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

T SHIRT SIZE: (ADULT) S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

**CIRCLE ONE CATEGORY:** Cat 1 (Expert/Semi-pro) Single Speed

CAT 2 (Sport) CAT 3 (Beginner) KIDS (Age 16 and under on race day)

**All pre-registrations must be received by noon on 6/14. Race day registrations will be charged an additional \$5. Register early to save money!**

**Sunday, June 18 at 10:00am**

Pre-register by noon on 6/14 or register on race day between 9:00am and 9:45am at the "F" Street Bridge. No registration after 9:45 am race day.

Awards will be given to the top three male and female finishers in each category. Award ceremony will follow the races.

**Registration Fees:** (Make checks payable to City of Salida)

Adults \$ 25.00 (\$30.00 race day) \_\_\_\_\_

Kids \$ 10.00 \_\_\_\_\_

**PLEASE BRING OR MAIL YOUR ENTRY FORM(S), SIGNED LIABILITY WAIVER(S) AND ENTRY FEES TO:**

**FIBArk Race Registration  
Salida Hot Springs Aquatic Center  
410 West Highway 50  
Salida, CO 81201**

For more information, visit  
[www.salidarec.com](http://www.salidarec.com) or  
[www.fibark.net](http://www.fibark.net), call 719-539-6738 or  
email [salidaraces@cityofsalida.com](mailto:salidaraces@cityofsalida.com)



## CITY OF SALIDA RECREATION PROGRAM REGISTRATION AND RELEASE FORM

**Please write legibly. Your email may be used to contact you with information about the program. Please note if you DO NOT want to be added to Salida Recreation's electronic quarterly newsletter.**

<b>Program Name:</b>	<b>Program Date:</b>

Please read and fill out the following form completely and accurately. The city will rely on the information provided in allowing you and/or your minor child listed below to participate in the city's recreation program(s). Participants under 18 years of age must have this form signed by a parent or legal guardian. Waiver will be kept on file for one year, which can be used for any Salida Recreation program.

**Parent/Guardian Name(s):** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_

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

**Phone(s):** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Are there physical or medical conditions concerning the participant that the program leader should be aware of? If so, explain:** \_\_\_\_\_

(attach additional sheets if necessary)

### Release

As the participant and/or parent/legal guardian of the minor child listed above, and in consideration for allowing myself or my minor child to participate in the city's recreation program(s) and activities noted above, hereby acknowledge and agree as follows on behalf of myself and my child:

1. I have requested that I or my minor child be allowed to participate in the city's recreation program(s) and activities recognizing that such participation involves, or may involve, risks, both known and unknown, of physical injury or illness.
2. I represent that I and/or my child is physically capable of participating in the recreation program(s).
3. By signing this release, I \_\_\_\_\_, on behalf of myself and my minor child, expressly assume all risks, known and unknown, of injury, illness and property damage to myself, my minor child, or to any third party arising from or related to my or my child's participation in the city's recreation program(s), whether caused by the act, error, omission, or negligence of the city, its employees, officers or agents, or by an other person or cause.
4. By signing this release, I \_\_\_\_\_, on behalf of myself and my minor child, expressly exempt, waive, release and discharge in advance the city, its employees, officers and agent, from any and all claims, liabilities, actions, or damages for injury, illness or loss that may arise from my or my child's participation in the city's recreation program(s) and activities, whether caused or created by the acts, errors, omissions, or negligence of the city, its employees, officers or agents, or some other person or cause; and I further agree to hold harmless and indemnify the city, its employees, officers and agents, from any and all injuries, damage, loss, claims or demands which arise from or are related to my or my child's participation in the city's recreation program(s) and activities.
5. I understand that this agreement incorporates the entire understanding and agreement between myself, my minor child, and the City of Salida, its officers, employees, agents and representatives, and that it cannot be modified or changed in any way by the statements, promises or representations of any employee or agent of the city.; and that this agreement is intended to be as broad and inclusive as permitted by the laws of Colorado, and that if any portion is held invalid or unenforceable, the remaining portions shall continue in full legal force and effect.
6. By executing this agreement I also do hereby authorize the city, its employees, officers and agents, to provide and/or consent to emergency medical or surgical examination and treatment for myself or my minor child in the event of injury or illness occurring to me or my child while participating in any city recreational program or activity.
7. I hereby consent to being photographed participating in Salida Recreation events, and to these photographs being used in marketing publication and online media.
8. My signature below indicates that I have read this document in its entirety, that I understand it completely, and that it affects my legal rights and the legal rights of my child, and that I, along with all heirs, assigns and personal representatives for myself and my child, agree to be bound by its terms. I also acknowledge that I am providing this waiver and release in advance for the benefit of the city knowing that all possible risks or causes of injury can neither be foreseen nor eliminated.

**Participant/Parent/Guardian Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

Please remit payment with completed form to:  
Salida Hot Springs Aquatic Center, 410 W Rainbow Blvd, Salida, CO 81201