



2018 true GRIT Epic Bike Race

ACCIDENT WAIVER AND RELEASE OF LIABILITY

JR WAIVER

A waiver must be received for each team member for registration to be complete. No changes will be made after Friday March 10. Sorry, there is no race day registration offered. No Faxed entries or release forms will be accepted. Entries will be limited. No one under the age of 14 may enter this event. Anyone under age 16 will be required to submit a

resume of races.

Entry Fees are NON-Refundable/ Change/Transfer fees will apply.

Mail to: 274 s 200 w St George UT 84770 or e mail to info@groraces.com

Team Name _____ Category _____ Class _____
 Participant Name _____ DOB _____
 Occupation _____ Street _____
 City _____ State ____ Zip _____ E-Mail (Required) _____
 Phone (day) () _____ (eve) () _____
 Emergency Contact Name: _____ Ph# () _____
 Gender M F

If under 18, List 2 races you have completed of 25 miles or more **ATTACH RACE RESUME** _____

I acknowledge that this athletic event, The true GRIT Epic Bike Race, is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, darkness, facilities, altitude, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event, and lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I hereby agree to assume all of the risks of participating and/or volunteering in true GRIT Epic Bike Race. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property owned, maintained, or controlled by them or because of their liability without fault.

I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers of the event in which I may participate and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in The true GRIT Epic Bike Race , I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including attorney's fees, litigation costs, and my traveling to and from The true GRIT Epic Bike Race, THE FOLLOWING ENTITIES OR PERSONS: Gro Promotions, their directors, officers, employees, volunteers, representatives and agents, the event holders, event directors, event sponsors, event staff, vendors, event volunteers, property owners - specifically BLM , SITLA, Washington County School District, City of Santa Clara, City of St George; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in The true GRIT Epic Bike Race, whether caused by the negligence of releases or otherwise.

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

I understand that by participating in this event or related activities my name and/or contact information may be shared with event holders, sponsors, and affiliates. In addition 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, organizers and/or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I further agree to abide by all the rules and regulations as set forth by Gro Promotions and the director of this event.

I hereby certify that I have read this document and understand its content (no faxed or photocopied signatures)

ENTRANT'S SIGNATURE _____ Date: _____

NOTE: If 17 or under, Signature of Parent or Guardian Is Required Below: The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PARENT'S OR GUARDIAN'S SIGNATURE _____ Date: _____

Supplemental Information

Race Resume

Include only races done in the last 18 months. Show significant races longer than 4 hours or 25 miles. Include race name, date, finish time and distance (place is not required)

Training rides within 4 months of race day may be included for consideration. Include strava or garmin connect link. Date , distance & type of ride (mnt, road, gravel, trainer) , Only training rides of 6 Hours or longer should be listed.

A pre-ride of the True Grit Epic course in its entirety is required for anyone under 16 on race day.



I have successfully completed a True Grit Epic race in the past
Year _____, Category _____ Finish Time _____

Name and Cell number of the person to supervise on race day

Name _____ - Cell _____



In Lieu of a complete pre-ride a parent will be racing with the minor

Name _____ Receipt Number _____

Category _____

- Supervising parent Must start in the same wave as their minor child