

**RELEASE AND INDEMNITY AGREEMENT  
MT. ADAMS COUNTRY BICYCLE TOUR**

I hereby release the organizers of the Mt. Adams Country Bicycle Tour, Family Fun Ride and the Trout Lake Area Business Association, its officers, directors, employees, agents, successors and assigns from any and all claims and liabilities (including those based upon negligence) arising out of or in connection with my participation in the Mt. Adams Country Bicycle Tour and my use of any equipment, facilities or services provided in conjunction with the Mt. Adams Country Bicycle Tour.

If participant is UNDER AGE 18, the undersigned parents or guardians of the child named below do hereby agree to indemnify and hold the organizers of the Mt. Adams Country Bicycle Tour, Family Fun Ride and Trout Lake Area Business Association, its officers, directors, employees, agents, successors and assigns from any and all claims and liabilities (including those based on negligence) arising out of or in connection with the child's participation in the Mt. Adams Country Bicycle Tour and use of any equipment, facilities or services provided in conjunction with the Mt. Adams Country Bicycle Tour or Family Fun Ride by the child.

In the event of any claims or litigation arising out of or in connection with participation in the Mt. Adams Country Bicycle or Family Fun Ride, the venue for any legal proceedings shall be Klickitat County, Washington. This Release and Indemnity Agreement includes claims based upon negligence, but it does not extend to claims where a release may be prohibited by law. If any part of this agreement is declared to be unenforceable, the remaining terms shall continue to be valid. This indemnity shall include all costs and attorney's fees.

Photographs taken of riders at the event are the property of the organizers and may be used for promotional purposes.

Participant's Name \_\_\_\_\_  
PLEASE PRINT CLEARLY

Signature \_\_\_\_\_

Age \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_  
Required if Participant is under age 18 • PLEASE PRINT CLEARLY

Signature \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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