

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Cobles Landing Compound, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CLC"), I hereby agree to release, indemnify, and discharge CLC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I acknowledge that my participation in ATV, dirt bike activities off road entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: the possibility of rough terrain; passengers can be jolted, jarred, bounced, thrown about and otherwise shaken during rides; it is possible that riders could be injured if they come into contact with other passengers or equipment; injuries can be sustained from the trail, equipment or from items on the trail such as holes, bumps, ruts, obstacles, tree limbs and branches or rocks; major injuries are a risk as are bruises and sprains; musculoskeletal injuries including head, neck, and back injuries; injuries to internal organs; loss of fingers or other appendages; exhaustion; exposure to the elements of the outdoors and natural surroundings which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; the negligence of other participants or persons who may be present; further, passengers can be thrown off the vehicles which can result in any of the above events occurring; accidents involving other vehicles, ATV or dirt bikes; collision with fixed or movable objects; collisions, and flipping over; traveling to and from activity locations raises the possibility of any manner of transportation accidents; transmissible pathogen or disease; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; the machine itself may fail; and accidents can occur getting in or out. Furthermore, CLC personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.
- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I agree to wear a properly fitted and secured DOT or SNELL certified helmet while participating in this activity.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CLC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CLC's equipment or facilities, including any such claims which allege negligent acts or omissions of CLC.
- 4. Should CLC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.



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By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CLC on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at CLC*. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Full Name		Birthdate	
Street Address			
City	State	Zip	
Phone Number Email _			
Signature of Participant		Date	
PARENT'S OR GUARDIAN'S (Must be completed for In consideration of the following minor(s): (print	participants under the a	ge of 18)	
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to participate in its activities and to use its equiparticipate harmless CLC from any and all claims which are any way connected with such use or participation	brought by, or on behalf	,	
Parent/Guardian Name:		Date:	
Parent/Guardian Signature:			