

PARK RULES AND REGULATIONS,
PERMISSION TO USE IMAGES AND PROVIDE MEDICAL TREATMENT

You must read and agree to these terms in order to be admitted to Ray's Indoor Mountain Bike Park:

I have read and agree (or my minor child agrees) to comply with the Park's posted rules and regulations.

I agree that the Park is not responsible for any personal property belonging to me or my minor child that is stolen, lost, or damaged at the Park.

I agree that if I or my minor child notices any unusual hazard during use of the park, I or my minor child will stop using the Park and immediately notify a Park employee of the hazard.

In addition, I give consent to the Park to obtain emergency medical attention and treatment on behalf of myself or my minor child in case of sickness, accident or injury and to secure such medical attention and treatment at my sole expense. I recognize that it may be required to transport my minor child to the nearest medical treatment facility based upon his/her age even though the condition may not warrant it.

I also grant the Park and any third party authorized by the Park the right to film, videotape, photograph, record, and/or make any reproductions of my or my minor child's likeness and voice that are captured within the open and public areas of the Park. I further grant the Park the right to use, display, and digitally enhance or alter in any manner, such likeness in any media including but not limited to television, cable, radio or internet, in any motion picture film, videotape, DVD, CD or any published article without giving compensation, attribution, or notice to me.

I agree that this consent will continue in full force and effect and shall apply to all of my or my minor child's future visits to the Park.

Participant's Name: _____ **Date:** _____

Participant's Signature: _____

IF THE PARTICIPANT IS BELOW AGE 18: The person signing below represents that he/she has the legal right to sign this Waiver on behalf of the participant and to waive the participant's legal rights as set forth in this document

Parent's/Guardian's Name: _____ **Date:** _____

Parent's/Guardian's Signature: _____