

Signature of Guardian/Parent if Minor: __

Bib Number (Staff use only)			

2025 Summer Race Series

FRIDAY NIGHTS June 13, June 27, July 18, July 25

JUNIOR RELEASE AND WAIVER STATEMENT FORM

First and Last Name:		
Age:	-	
Emergency Contact Name: _		
Emergency Contact Phone: _		
All minor/junior participants must sign the follorequired for all events.	owing Release and Waiver Statement. Minors must have a parent's or guardian's signature, no exc	ceptions. Helmets are
representatives, successors and assigns hereby for NORTH ALABAMA, the CITY OF HUNTSVI members, participants, their heir and assigns, are sessors of any of the forgoing persons or entities RACE SERIES, whether a pre-ride, post ride accessors and/or entities for any such activity, inclangers of participating in any organized bicycle following; the dangers of collision with pedestriconditions and features, both natural and mannand the possibility of serious physical injury and represent by my application for entry and participation with the above persons and/or entitive entities that the above persons and/or entitive entities as a result of a medical emand all liability, whether resulting from negliger wideotape, film, newsprint, written advertisement persons acting under authority from any claims.	and participation, the undersigned participant, for myself, my family members, my heirs, administrately release, discharge and hold harmless, HAMR, SORBA, MONTE SANO STATE PARK, THE ILLE, The SPACE AND ROCKET CENTER, and all sponsors and the officers, servants, agents, end all other firms and corporations, owners and operators of event motor vehicles and officers, emps from any and all liability, whether resulting from negligence or otherwise during any aspect of the citivity or the ride itself. I also expressly covenant with the aforementioned persons and entities not eluding the negligence of any such persons and/or entities. I fully realize and acknowledge the haza le ride. I fully assume the risk associated with such participation including, by way of example and ians, vehicles, other riders, and fixed or moving objects both natural and man-made; the dangers at made; the dangers arising from safety hazards, equipment failure, inadequate safety equipment, and d/or mental trauma or injury associated with cycling (each and all of which shall referred to as "Injuration that my physical condition is adequate to participate safely in the 2025 SUMMER RACE sties have no obligation to provide medical care and have not undertaken the responsibility to do so the specific provide in the provide medical care and have not undertaken the responsibility to do so the specific provide in the provide medical care and have not undertaken the responsibility to do so the regency, condition or injury, I hereby consent to such care and fully release the person(s) providing nee or otherwise. I authorize and consent to persons employed or contracted by or volunteers of H not or otherwise, to the publication of any materials containing my name or picture and I release any I might have due to initial or subsequent publication of any such materials or photographs.	E LAND TRUST OF employees, volunteers, ployees, volunteers and the 2025 SUMMER and to sue any such ardous nature and the interior of the inter
Signature:	Date:	
The undersigned, an adult person over the age of individual being permitted to participate in the 2	19: If by the parent or adult guardian of any Participant who is under the age of 19 years, or otherwise to 19 years, is the parent and/or legal guardian of the above named individual and in sole considera 2025 SUMMER RACE SERIES, does hereby agree to release, indemnify, and hold harmless each RMS AND CONDITIONS SET FORTH ABOVE arising from the participation of the above name	ntion of the above name Released Person as