



Rolling Horizons Collective, Inc.

(Rolling Horizons)

Waiver and Release of Liability

Participant Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Informed Consent and Assumption of Risk

I, the undersigned participant (or parent/legal guardian of a minor participant), acknowledge that I am voluntarily participating in programs, events, and activities organized or sponsored by **Rolling Horizons Collective, Inc.**, including but not limited to:

- Group rides and hikes (Discovery and Adventure Rides)
- Skills clinics, bike mechanics workshops, and nutrition classes
- Mountain bike racing (Shredders and INSIGHT programs)
- Trail building and maintenance activities
- Community service events and educational sessions

I understand that these activities involve inherent risks, including but not limited to: physical exertion, exposure to natural and manmade hazards, adverse weather conditions, collisions, equipment failure, and contact with other participants. I understand that participation may result in injury, illness, or property damage.

I affirm that I am physically and mentally fit to participate and that I will not engage in any activity beyond my capabilities or comfort level.

Release of Liability and Indemnification

In consideration of being allowed to participate in Rolling Horizons Collective, Inc. events and activities, I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby:

1. **Release and discharge** Rolling Horizons Collective, Inc., its officers, directors, staff, volunteers, affiliates, sponsors, partners, and property owners (including Summit Acres) from any and all liability, claims, demands, or causes of action arising out of

or related to any loss, damage, injury, or illness, including death, that may be sustained as a result of my participation.

2. **Indemnify and hold harmless** Rolling Horizons Collective, Inc. and associated parties from any and all claims, demands, liabilities, or costs, including legal fees, arising from or related to my own actions, conduct, or participation.
3. **Acknowledge** that Rolling Horizons Collective, Inc. does not provide medical or accident insurance for participants and that I am solely responsible for any necessary medical care or costs incurred as a result of injury or illness.

Media Release

I grant permission to Rolling Horizons Collective, Inc. to use photos, videos, and other media containing my likeness (or that of my child) for promotional, educational, or informational purposes in print, online, or social media.

☐ *Check here if you do NOT consent to media use.*

Parental/Guardian Consent (for minors)

I certify that I am the parent or legal guardian of the minor named above. I have read and understood this agreement and consent to their participation. I agree to all terms stated above on behalf of the minor.

Acknowledgment

I have carefully read and fully understand this Waiver and Release of Liability. I sign it voluntarily, understanding that by doing so I am waiving legal rights.

Signature of Participant/Parent/Guardian: _____

Date: _____