



SOLVANG SPRING TOUR: March 23-29, 2020

Please print legibly and provide ALL INFORMATION; or we cannot process your registration!

Circle the days you need hotel room: Sun Mon Tues Wed Thurs Fri Sat

Circle the days you will ride: Mon Tues Wed Thurs Fri Sat Sun

Name: _____ Birthday (mo/day/yr) _____

Address (include city/state) _____

Email (mandatory) _____ Circle: Male / Female

Emergency Contact _____ Phone _____

Hotel Room Nights x \$139: _____

Riding Days x \$10: _____

Amount Due: _____

Send with check to Planet Ultra Inc, 250 N. Red Cliffs Drive 4B, #394, St. George, UT 84790.

Accident Waiver and Release of Liability

I certify that I am physically fit, have sufficiently trained and prepared for participation in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this event is an extreme test of a person's physical limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, temperature, weather, condition of athletes, lack of hydration, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, and/or event producers. I hereby assume all of the risks of participating in this event.

In consideration of permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, or actions of any kind which may hereafter accrue to me during or my traveling to and from this event, Planet Ultra Inc., its directors, officers, employees, owners, and agents, as well as any and all involved municipalities or other public entities and their respective agents and employees; (B) Indemnify and Hold Harmless the entities and persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I have read, understand, and agree to abide by the rules of the event as published on the event website. I also understand that at this event or related activities, I may be photographed. I agree to allow my name, photo, or likeness to be used for any legitimate purpose by event holders, producers, sponsors, organizers and assigns. I also understand that there are no refunds and we ride rain or shine.

I understand that entry fees are non-refundable and that the event will occur rain or shine.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will govern my actions and responsibilities at said events. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read this document and I understand its content.

Signature: _____ Date: _____