



le Tour de Koochanusa

August 12, 2017



Registration Due By August 7, 2017

Checks – Payable to David Thompson Search & Rescue

Canadian Checks – Include the exchange rate and a \$10 bank processing fee

Address – DTSAR PO Box 1552, Libby MT 59923

Cancelations – Must be received by August 1, 2016 for a refund

T-shirts & Jerseys – These are unisex sizes **ONLY** so please order accordingly

Safety Protocol – All riders must complete the ride on or before 5 pm

DO NOT FORGET - **Release & Waiver of Liability must be signed & sent with registration**

Registration Form Please Print	
Name	
Address	
City	
ST/PR	
Zip	
Email	
Phone	
Emergency Contact	
Medications	
Ride	<input type="checkbox"/> Full Ride <input type="checkbox"/> Half Ride
Food	<input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free
Free T-shirt Size	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
River Front Blues Festival	<input type="checkbox"/> Yes I will be attending Saturday please include a ticket with my packet <input type="checkbox"/> No I will not be attending
Full Ride Registration Fee	\$60.00
Half Ride Registration Fee	\$55.00
Canadian Exchange Rate	
Canadian Check Fee \$10	
Optional Donation	
Jersey Ordering Cutoff Date – May 26, 2017	
Optional LTDK Cycling Jersey \$55.00	
	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Grand Total Enclosed	

**RELEASE AND WAIVER OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in **Bike Ride** and related activities, I, for myself, my successor, heirs, assigns, executors, and administrators;

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility, or area;
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity
3. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity;
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against **David Thompson Search & Rescue** and **US Forest Service, State of Montana**, their officers, agents or employees, and agents attributable to my participation in the event or activity;
5. Release, waive, discharge and relinquish **David Thompson Search & Rescue** and **US Forest Service, State of Montana**, their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies, or videos of my may be taken in connection with my participation in this event or activity without compensation from **US Forest Service, State of Montana** or **David Thompson Search & Rescue** and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that I am in good health and have no physical condition that would prevent me from participating in this event or activity;
8. Acknowledge that **US Forest Service, State of Montana** and **David Thompson Search & Rescue** are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above-named event or activity.

THIS DOCUMENT RELIEVES **DAVID THOMPSON SEARCH & RESCUE** AND **US FOREST SERVICE, STATE OF MONTANA** AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINTED NAME

SIGNATURE

DATE

**PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____ (the "minor") to participate in **Bike Ride** and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor's participating in the event or activity; and agree that prior to the minor's participation in the event or activity the minor and I will inspect the facilities, equipment, and areas where the event or activity is being conducted and, if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor's own actions, in-actions, or negligence, but also from the actions, in-actions, or negligence of others, the condition of the facilities equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Release, waive, discharge and relinquish **David Thompson Search & Rescue** and **US Forest Service, State of Montana** and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
4. Assume any and all risks of personal injuries to the minor and authorize **US Forest Service, State of Montana** or **David Thompson Search & Rescue**, to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor's or my property, caused by or arising from the minor's participation in the event or activity;
5. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against **David Thompson Search & Rescue, US Forest Service, State of Montana** and their officers, employees, and agents attributable to the minor's participation in the event or activity;
6. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from **David Thompson Search & Rescue** or **US Forest Service, State of Montana** and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;
8. Acknowledge that **US Forest Service, State of Montana** and **David Thompson Search & Rescue** are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above named event or activity.

IMPORTANT:

THIS DOCUMENT RELIEVES **David Thompson Search & Rescue** and **US Forest Service, State of Montana** AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINTED NAMES (Parent/Guardian)	SIGNATURES	DATE
_____	_____	_____
_____	_____	_____

I HAVE READ THIS DOCUMENT SIGNED BY MY PARENT OR GUARDIAN AND JOIN THE WAIVER, RELEASE AND ASSUMPTION OF RISK. I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN THE EVENT OR ACTIVITY.

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____