

## **RIDERS' RELEASE OF LIABILITY**

### **Read Carefully Before Signing:**

I / We recognize that riding an ATV/UTV is a hazardous activity that can result in serious personal injury or death. I / We accept the risks inherent to riding with a group including, but not limited to, obstacles on and off the roads and trails, rapidly changing weather, limited visibility, variation of slope and steepness on and off the trails, surface or sub-surface conditions on and off the trails and roads, collisions with other ATVs/UTVs including other riders, and collisions with devices used to mark the boundary of trails or roads.

In consideration of my / our participation in the events and rides of the club members of the Canyon County ATV Club, I/we hereby release and agree to hold harmless the Canyon County ATV Club and/or area clubs, their officers, directors, committees, ride leaders, tail gunners, spotters, club members, employees, and agents from all claims.

In the event of an illness, injury, or medical emergency arising during the ride I hereby authorize and give my consent to the Ride Leader to secure any medical transportation via air and/or ground in order that I can be transported to any accredited hospital or clinic for treatment deemed necessary for my immediate care. I agree that I am fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.

I / We have carefully read this agreement and the release of liability and fully understand its contents. I / We are aware that this release of liability is a contract between the Canyon County ATV Club and myself / us and I / we sign it of my / our own free will. My / our signature/s signifies that I / we (or a parent or adult guardian for all children under 18 years) have read and agree with this release.

**Idaho State Law requires children under the age of 18 to wear a DOT-approved helmet.**

### **Location and date of this ride:**

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_