

**Waiver, Release and Registration Form for Poker Chip Run to be Held on June 26, 2021
Benefitting the Ashtabula County Covered Bridge Festival**

REGISTRATION

Name of Entrant: _____ Age: _____

Mailing Address: _____

Home PH: _____ Emergency PH: _____

Email: _____

() \$20.00 Driver Fee has been paid () \$20.00 Driver Fee Has NOT been paid

() \$10.00 Rider Fee has been paid () \$10.00 Rider Fee Has NOT been paid

WAIVER, REGISTRATION OF LIABILITY AND INDEMNITY FORM

The undersigned _____ hereby assumes all the risks of participating and/or volunteering in this event, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released and/or from dangerous or defective equipment or property owned, maintained or controlled by them.

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I acknowledge that participating in a Poker Chip Run is potentially a hazardous activity. These risks include, but are not limited to those caused by terrain, water conditions. Weather, lack of hydration and actions of participants, volunteers, spectators or producers of this event.

I release and discharge from any and all liability, damage, property theft or actions of any participants or my traveling to this event, the Ashtabula County Covered Bridge Festival, whose address is 25 W. Jefferson St, Jefferson, Ohio, all sponsors, event directors, volunteers, and municipalities in which the event is held. I hereby agree to indemnify and hold harmless the Run in which I may participate. I also give full permission to use my name and photography in connection with this event. I understand that all entry fees are nonrefundable.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A WAIVER, RELEASE OF LIABILITY AND AN INDEMNITY CONTRACT AND I SIGN IT OF MY FREE WILL.

Witness my signature this the ____ day of _____, 20____.

(Printed Name of Driver)

(Printed Name of Rider)

(Signature of Driver)

(Signature of Rider)

CONSENT AS TO MEDICAL CARE OF A MINOR

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, the undersigned Parents or Legal Guardians hereby grant permission for any and all medical and/or dental attention to be administered to a Participant, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. The undersigned request that we be contacted as soon as possible in the case that such medical care is necessary or appears to be necessary.

WITNESS our signatures as of the ____ day of _____, 20____.

(Printed Name of Parent or Guardian)

(Printed Name of Parent or Guardian)

(Signature of Parent or Guardian)

(Signature of Parent or Guardian)