

John Wayne Pioneers & Riders (JWPWR)

“RIDE INTO FALL WITH FRIENDS” REGISTRATION FORM

***REGISTRATION ENDS** SEPT 15TH OR 50 REGISTRATIONS (WHICHEVER COMES FIRST)

***FEES** \$125 PER PARTICIPANT- \$75 UNDER 12 - \$100 NON RIDING OR TEAMSTER SUPPORT SAME VEHICLE (LIMIT 1 SP/VEHICLE or WAGON)

***CLEARLY PRINT NAME (S) OF PARTICIPANTS** Families-Put all family members on one application

Name _____ Email _____

Street _____ City _____ Wa _____ St _____

Phone# _____ **I have participated in the JWPWR Cross State Ride** _____

Circle one: H. Rider / Biker / Hiker / Teamster / Wagon Rider / Support Person (non trail user)

Additional Names: _____

Circle one: H. Rider / Biker / Hiker / Teamster / Wagon Rider / Support Person (non trail user)

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All participants/Attendees including children must sign Liability Form

Release: If child is too young to sign, sign their name , and then sign for them ie: (Johnny Jones by mother/father, ect.)

JWPWR Liability Waiver: With my payment and signature below (s) below, I agree to abide by the JWPWR bylaws. I hereby recognize in accordance with Washington State WAC 2.24.530 and 4.24.540 that any time a participant engages in an equine activity there is a potential for an accident that can cause injuries to horses, riders, and spectators and also recognizes the fact the JWPWR, including officers or members cannot always know the conditions of the trails or the experience of riders or horses taking part in trail rides or other JWPWR activities. I hereby release the above name, JWPWR its officers, its members, and any owners of real property upon which JWPWR activities are held from any claim or right for damages resulting from injury or death that might occur to me, my dependents, or my animals.

PARTICIPANT NAME: _____ PARTICIPANT NAME: _____

SIGNATURE: _____ SIGNATURE: _____

PARENT GUARDIAN SIGNATURE: _____ PARENT GUARDIAN SIGNATURE: _____

PARTICIPANT NAME: _____ NO REFUNDS – We ride rain or shine! ☺

SIGNATURE: _____ YOUR CANCELED CHECKS OR PAYPAL EMAIL CONFIRMATIONS ARE YOUR RECEIPTS

PARENT GUARDIAN SIGNATURE: _____	REGISTRATION AMT: # Adults	\$125
	#12 Under	\$75
	Support person	\$100 (LIMIT 1 per wagon or vehicle)
	TOTAL:	_____

****Make checks payable to: JWPWR or Pay pal Olympia Granger (use friends transfer only & note – JWPWR Fall Trail Ride)**

****Mail signed registration to: Olympia Granger – 5425 West Interurban Blvd Bothell Wa 98012 – 206-498-6939**

****Email signed registration to: olympiagranger@hotmail.com (Subject – JWPWR Fall Ride)**

TUNNEL WAIVER – RELEASE OF LIABILITY

With my signature below I knowingly have made a request to ride on the Cascades to Palouse trail (Formerly the John Wayne Pioneer Trail/Iron Horse State Park. (Trail) . Knowing that the State of Washington (the state) has deemed that some tunnels that the Trail passes through are unsafe and dangerous. The dangers include but are not limited to the possibility of falling debris, roof or wall collapse, debris on ground or lack of light in the tunnels. I agree to enter such tunnels at my own risk. I fully understand that head protection in the form of a certified protective helmet is recommended to avoid possible severe injuries or death. I further understand that I need to provide my own artificial source of portable lights, such as lanterns or flashlights. I take full responsibility to assure my safety.

I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: (1) _____ (2) _____ (3) _____

Parent or Guardian's initials (if under 18): (1) _____ (2) _____ (3) _____

In consideration for permission to ride on the Trail and specifically through its tunnels, I agree to the following:

1. I wave release the State with any affiliated State agency, and all their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively) from any and all liability for personal injury, death, and/or damage or negligent act or omission, or alleged negligent act or omission by any member, employee or agent of the State.
2. I also agree that myself, heirs, executors, administrators and assigns shall indemnify, and hold harmless the State, all member of actions, suits, debts, counts, claims, and demands, or damages or liability, or expense of every kind and nature, incurred or arising by reason of actual or claimed intention, deliberate, indifferent, negligent, malfeasance, or wrongful act or omission, arising from related to or as result of my use of the Trail. Or while accompanying any member or members of the State during the performance of their duties during my ride-along the Trail.

I have carefully read and fully understand its contents and sign it of my own free will. I also know and understand that I have the right to consult with an attorney before signing this agreement. I also can revoke this agreement at any time before my ride-begins, but once ride begins, this release cannot be rescinded.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, AND I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE STATE AND SIGN IT OF MY OWN FREE WILL.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

(1) **Circle one: PARTICIPANT/PARENT/GUARDIAN**

PARTICIPANT NAME PRINTED: _____

SIGNATURE: _____

SIGNATURE OF MINOR: _____

(2) **Circle one: PARTICIPANT/PARENT/GUARDIAN**

PARTICIPANT NAME PRINTED: _____

SIGNATURE: _____

SIGNATURE OF MINOR: _____

(3) **Circle one: PARTICIPANT/PARENT/GUARDIAN**

PARTICIPANT NAME PRINTED: _____

SIGNATURE: _____

SIGNATURE OF MINOR: _____