



CONTINUING COVERING RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

(here in after referred to as the "Release Agreement")

BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

PLEASE READ CAREFULLY!

TO: PwC Bike Park a division of MoreCycle (Pty) Ltd. and their directors, officers, employees, agents, independent contractors, subcontractors, representatives, successors and assigns, and all organizers, officials, workers, volunteers, sponsors, promoters and advertisers (all of whom are hereinafter collectively referred to as "THE RELEASEES").

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MOUNTAIN BIKING AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

AND, I AGREE AS FOLLOWS:

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES FOR ANY AND ALL LIABILITY FOR ANY PROPERTY DAMAGE, LOSS OR PERSONAL INJURY TO MYSELF OR ANY THIRD PARTY RESULTING FROM MY PARTICIPATION IN MOUNTAIN BIKING OR ANY OTHER ACTIVITY PARTAKEN IN OR ON THE PREMISES OR WHILST USING THE VENUES FACILITIES AT ANY TIME;

I CONFIRM THAT I HAVE READ AND UNDERSTOOD ALL INFORMATION CONTAINED IN THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES. I FURTHER AGREE TO ABIDE BY THE RULES, AND TERMS AND CONDITIONS OF THE VENUE AT ALL TIMES.

Rider 1

Full name (Please print clearly): _____

Cell number: _____

Signature of Participant: _____

Rider 2

Full name (Please print clearly): _____

Cell number: _____

Signature of Participant: _____

Rider 3

Full name (Please print clearly): _____

Cell number: _____

Signature of Participant: _____

Rider 4

Full name (Please print clearly): _____

Cell number: _____

Signature of Participant: _____

Rider 5

Full name (Please print clearly): _____

Cell number: _____

Signature of Participant: _____

Parent or Guardian if Riders under 18

Full name (Please print clearly): _____

Cell number: _____

Signature of Parent or Guardian: _____

Emergency Contact

Emergency Contact (Name): _____

Emergency Contact number: _____

Date: