



## 2019 Transfer Registration Form

### RIDER BEING REPLACED

<b>First Name</b>		<b>Last Name:</b>	
-------------------	--	-------------------	--

### NEW RIDER

<b>First Name</b>			
<b>Last Name</b>			
<b>Gender:</b>	Male	Female	
<b>Date of Birth:</b>	/	/	<b>Age on 5/4/19:</b>
<b>Email:</b>			
<b>Day Phone:</b>			
<b>Evening Phone:</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City/State/Zip</b>			
<b>Country</b>			
<b>Emergency</b>	<b>Contact Name:</b>	<b>Phone:</b>	

<b>Race:</b>	<input type="radio"/> Stout (22 miles) <input type="radio"/> Pale Ale (12 miles) <input type="radio"/> Ginger Ale (2 miles) <input type="radio"/> Root Beer (Kids loop)	<b>Adult Category</b>	<input type="radio"/> Beginner <input type="radio"/> Sport <input type="radio"/> Expert <input type="radio"/> Elite/Pro <input type="radio"/> Single Speed <input type="radio"/> Tandem <input type="radio"/> Fat Bike	<input type="radio"/> Heavy Metal <input type="radio"/> Clydesdale <input type="radio"/> Athena <input type="radio"/> Tour
--------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

<b>Team Name</b>	
<b>Tandem Partner</b>	

**Transfer Fee: \$25**

### **Payment Method**

Check:	Make Payable to: <b>Mt. Holiday – Skiership Fund</b>
Credit Card	Card Type: V    MC    AmEx Name on Card: _____ Card #: _____ Exp. Date: __/__/____ Security Number: _____ Billing Address: _____ Billing City, State Zip _____

**Return Registration Form, Signed Waiver and Payment by May 1, 2019 to:**

Fax: 231-933-0448  
 james.kalajian@gmail.com  
 MSB Promotions, 3299 Holiday Village Road, Traverse City, MI 49686

**OVER ->**



**Mud, Sweat & Beers/Root Beers Mountain Bike Races**

**Participant Release of Legal Claims (Release)**

**The Mountain Bike Race**

I, \_\_\_\_\_, with an address of \_\_\_\_\_, individually (or as a Parent or Guardian of \_\_\_\_\_, a Minor) have registered to participate in the 2019 Mud, Sweat & Beers 25 mi., 12 mi. , 2 mi. or .025 mi. rides (the EVENT) which is scheduled for May 4, 2019.

I certify that I am aware of the potential dangers and risks associated with participation in the EVENT, including but not limited to: collisions and falls, illness, infection, premises defects, dangerous conditions of any property, facilities, or equipment used during the Event, variations in the terrain, impact or collision with exposed rock, earth, trees, other natural and manmade objects, other participants, event staff, spectators, and obstacles; changing weather conditions; negligence of other participants and; negligence on the part of Mt. Holiday, the EVENT sponsor, the property owners, and their agents, officers, directors, employees, volunteers, insurers, venue, sponsors, contractors and assigns, and all persons/companies officially connected with the EVENT; any of which may result in personal injuries including paralysis, brain damage and death and property damage.

I voluntarily accept and assume all risks in connection therewith, including risks resulting from my own actions as well as the actions of others, including, but not limited to, other participants, event staff and spectators. In consideration of being allowed to participate in the EVENT, I HEREBY EXPRESSLY AGREE TO ASSUME THE RISKS AND WAIVE ALL CLAIMS THAT I AND/OR THE MINOR HAVE OR MAY HAVE IN THE FUTURE RELATED TO PARTICIPATING IN OR PRESENCE AT THE EVENT.

**What I Agree to Pay For**

If any Releasee is sued or has to pay anyone else because of my conduct, I will reimburse them for all their legal costs, fees and payments.

**My Health; Permission to Get Medical Help**

I don't know of any personal health condition that would get worse if I participate in the Race. I authorize the race volunteers and staff to get emergency medical treatment for me during the Race.

**Photo Release**

I grant Mud Sweat & Beers permission to use any photo or video in which I appear individually or in a group for purposes of promotion, advertising, product sales or posting on its web site.

**Severability**

If any provision, or portion thereof, of this waiver agreement is, or becomes, invalid under any applicable statute or rule of law, it is to be deemed stricken and the rest of this agreement shall remain in full force and effect.

**I HAVE CAREFULLY READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT and voluntarily agree to its terms. I am aware that by signing this document, I am waiving substantial legal rights on my own behalf (or the Minor's), and on behalf of my (or the Minor's) estate, heirs, executors and next of kin, including giving up the right to sue. Please check one of the following, then sign and date where indicated:**

\_\_\_\_\_ I further state that I am 18 years of age or older and legally competent to sign this Release and that I have signed this document of my own free act.

\_\_\_\_\_ I am a minor under the age of 18 and the undersigned is my parent or guardian and has signed this Release on my behalf.

\_\_\_\_\_  
Name of Participant  
(Please Print)

\_\_\_\_\_  
If participant is a minor, Name of  
Parent or Guardian (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant or Parent / Guardian if participant is a minor

\_\_\_\_\_  
Phone Number of Participant or Parent/Guardian if participant is a minor