2022 Bravehearts Event
To benefit Camp Sunshine
Minor Registration Form

Event Date: July 16, 2022

Minor Name:_____

Minor Date of Birth:_____

Has Minor previously participated in this event: _____ yes _____ no

Type of Activity To Be Completed (Bike Ride, Walk, Run, Etc.)_____

Parent/Legal Guardian Name (Print):_____

Mailing Address: _____

Parent/Guardian Phone Number:_____

Parent/Guardian Email Address: _____

Preferred Username for Online TeamRaiser Page (we will do our best to make sure this is the username that is assigned; if this changes, we will make a note of it in the follow-up email you will receive from Camp Sunshine)If previously participated we will use your previous username: _____

Preferred Password for Online TeamRaiser Page (we will do our best to make sure this is the password that is assigned; if this changes, we will make a note of it in the follow-up email you will receive from Camp Sunshine): _____

Shirt Size (please circle):

Youth:	Large					
Womens:	Small	Medium	Large	XL	2XL	3XL
Mens:	Small	Medium	Large	XL	2XL	3XL

Please complete this registration form and email it back to events@campsunshine.org, fax it to 207-655-3825 or mail it to Camp Sunshine, 35 Acadia Rd, Casco, ME 04015 Attn: Kayley.

You can complete this document electronically by using the mark-up tool on your iPhone or other application, you can also choose to download, print and complete the document by hand. Please call 207-655-3800 or email us with any questions you have.

Once your completed registration form has been received, Camp Sunshine will reach out to you with next steps including how to submit payment. Thank you! ☺

_____ _____

Parent/Guardian Signature Today's Date:

WAIVER AND RELEASE OF LIABLITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING.

Child Name: _____ Date of Birth: _____

ALL PARTICIPANTS IN THE BRAVEHEARTS BIKE RIDE EVENT ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION BY ACCEPTING THIS AGREEMENT.

BY SIGNING THIS AGREEMENT, I UNDERSTAND AND ACKNOWLEDGE THAT: (i) I am the parent/legal guardian of the above-named minor child (the "Child"); (ii) I give permission for the Child to participate in the Bravehearts Bike Ride (iii) Participation in the Bravehearts Bike Ride is a potentially hazardous activity; (iv) the Child has no physical or medical condition that, to my knowledge, would endanger him/her or others if he/she participates in the Bravehearts Bike Ride Event; (v) the Child either has been given a physician's permission to participate in the Bravehearts Bike Ride Event, or I have decided that he/she may participate without the approval of a physician; (vi) the Child will not be supervised in any way by Camp Sunshine or its employees, agents, or representatives; or any Bravehearts Bike Ride Event sponsors, coordinating groups, promoters, or volunteers; or any individuals associated or affiliated in any way with the sponsorship, promotion, or execution of the Bravehearts Bike Ride Event (individually and collectively, the "Releasees"); and (vii) the Releasees have no particular expertise or opportunity to control the hazards associated with the Bravehearts Bike Ride Event.

ASSUMPTION OF RISK: **I am aware that cycling involves inherent risks.** I assume all risk associated with the Child's participation in the Bravehearts Bike Ride Event, including, but not limited to those associated with natural jumps, collision with pedestrians, vehicles, other participants, animals, and fixed or moving objects; imperfect course conditions; surface hazards, including pot holes; equipment failure; inadequate safety equipment; use of equipment or materials provided to the Child; and weather conditions. I fully understand that participating in the Bravehearts Bike Ride Event is an extreme test of a person's physical and mental limits and may involve the risk of serious injury or death, economic loss, property damage or loss that may result from my own actions, inactions or negligence, and also from the actions, inactions or **negligence of others**.

WAIVER AND RELEASE: In consideration of being permitted to participate in the Bravehearts Bike Ride Event, I for the Child, myself and anyone entitled to act on the child's behalf, hereby unconditionally release, discharge, hold harmless, and promise to indemnify the Releasees and each of their successors, heirs, and assigns, from and against all rights and claims, damages, or causes of action in law or equity of any type for personal injury, bodily injury including death, property damage, emotional distress, or any other damages—including claims arising directly or indirectly out of the Releasees' own negligence, if any—which I have or which may hereafter accrue to me of the Child, and any and all damages that may be sustained by me of the Child directly or indirectly in connection with, or arising out of, the Child's participation in the Bravehearts Bike Ride Event.

I agree, for myself, the Child and my Successors, that the above representations are contractually binding, and are not mere recitals, and that if I, the Child or my Successors assert any claim in contravention of this agreement, including but not limited to a claim of negligence against the Releasees, the asserting party shall be liable for the expenses (including legal costs and attorney fees) incurred by the other party or parties in defending any such claim.

This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision of this agreement or as a consent to any waiver or modification. This agreement is intended to be a complete and unconditional release of all liability to the greatest extent allowed by law. This agreement is governed by and interpreted in accordance with the laws of the State of Maine.

RULES, REGULATIONS & EQUIPMENT: On behalf of the Child, I agree the Child (i) will be familiar with and abide by the rules and regulations established for the Event; (ii) familiar with the Event course; (iii) will ride and participate so as to neither endanger themselves nor others; and (iv) accept responsibility for the condition and adequacy of the Child's equipment and any equipment provided for their use.

COVID-19: By signing this waiver and release of liability form, I acknowledge the contagious and evolving nature of COVID-19 and voluntarily assume the risk that the Child or I may be exposed to the virus and become affected as a result. I understand the risk of becoming infected which may impact the Child, participants, event guests and event attendee's families or personal contacts.

On behalf of the Child, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any expense, liability, illness, injury, disability or death related to contracting the virus while participating in the Bravehearts Bike Ride Event. I hereby release, covenant not to sue, discharge, and hold harmless Camp Sunshine and affiliates from all claims of any kind arising out of COVID-19. I understand and agree that release of liability includes any claims towards Camp Sunshine, staff, board, personnel, and representatives whether a COVID-19 infection occurrence exists before, during, or after attendance and participation at the Bravehearts Bike Ride Event.

PHOTO RELEASE: I understand that the Bravehearts Bike Ride Event may be publicized and photographed and hereby grant permission to all of the foregoing Releasees to use any photographs, video, recordings, or any other record of the Child's image in publicity, news, web site, or TV broadcast, for promotion of the Bravehearts Bike Ride Event and any other legitimate purpose.

I REPRESENT THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHTS THAT I MAY HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST THE RELEASEES. I ALSO UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL LEGAL COSTS AND ATTORNEY FEES

INCURRED BY THE RELEASEES IN CONNECTION WITH OR IN DEFENSE OF ANY CLAIM THAT IS MADE. I HAVE SIGNED THIS FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Legal Guardian Name (print): _____

Signature: _____

Date: _____

Emergency Contact: _____

Relation to Participant: _____

Phone Number: _____