



bonairewellnessconnexions

BWM Registration Form & Release of Liability

Name (please print) _____
Birth Date: _____ Home phone: _____
Emergency Contact & Phone No: _____
Address _____

Outdoors Programs Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING!

I, the undersigned, in consideration of participating in the BWC's activities, state that I have read and understand and hereby expressly accept and agree to the following:

A. Risk of Personal Injury. I understand that the risks of mountain biking, hiking, kayaking, running and swimming are numerous and include, but are not limited to, the following: DEATH, PARALYSIS, HEAD INJURIES, BROKEN BONES, CUTS, SCRAPES, DAMAGE TO BIKES, GEAR, AND CLOTHING, AND CAUSING DAMAGE TO AND/OR INJURING OTHERS; falling; loss of control; encountering trees, rocks, structures, ropes, barriers, and/or other man made or naturally occurring obstacles; encountering unpredictable terrain such as varying steepness, mud, holes, cliffs, gravel, narrow trails, and/or lack of trails; **negligence** of other riders, persons, or vehicles.

B. Conditions and Representations.

- I. I have made no misrepresentations to **Bonaire Wellness Connexions** in any regard, including, but not limited to, my height, weight, age, abilities, or biker type.
- II. All instructions for doing mountain biking, hiking, kayaking, running and swimming have been made clear to me, and I fully understand the risks of these sport.
- III. I have a helmet or one has been provided to me and I will wear a helmet at all times. I understand that wearing a helmet may decrease the risk of head injury.

C. Release of all Liability (including negligence). I AGREE TO FULLY RELEASE AND DISCHARGE BONAIRE WELLNESS CONNEXIONS FROM ANY LIABILITY

for any damages, injuries, or claims, including any injuries or damages occurring from any negligence of **Bonaire Wellness Connexions** to myself or any other person. I fully understand and agree to release **Bonaire Wellness Connexions** for its negligence in causing in whole or in part any injury to me.

D. Express Assumption of Risks. I EXPRESSLY ASSUME ALL RISK OF DAMAGE OR INJURY OCCURRING AS A RESULT OF PARTICIPATING IN ANY OF THE BWM'S ACTIVITIES.

Signature of Participant: _____ Date: _____

Minors: Prospective participants under the age of 18 years are required to have a parent or legal guardian read and also sign this Release. The parent and the participant under 18 have read, understand and agree to comply with this Release. By signing this document, the parent agrees to each of the provisions above.

Signature of Parent/Guardian: _____

Relation: _____ Date: _____