

# 12<sup>th</sup> Annual California Mountain Unicycle Weekend 2007

October 12-14, 2007 • Santa Cruz, CA

## Registration and Waiver - ONE PER RIDER

**Instructions:** Fill this out, print, sign, sign the waiver, and mail with a check to address below.

Name (printed) \_\_\_\_\_  
Participant's phone number (at the event): \_\_\_\_\_  
Participant's email (optional): \_\_\_\_\_  
Participant's Birthdate \_\_\_\_\_  
Participant's Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees -- One form per rider. For non-riders, include the number of additional Lunch and Dinners for your guests. Also, indicate the number of vegetarians.**

Registration Fees (Includes Fri. lunch and Sat dinner):..... \$35 \$ \_\_\_\_\_

Additional Friday lunches (non riders): ..... @ \$10 per = \$ \_\_\_\_\_

Additional Saturday dinners (non riders):..... @ \$15 per = \$ \_\_\_\_\_

Missing Friday's ride and lunch (optional): ..... Subtract \$8

T-shirt (optional).....S\_\_\_, M\_\_\_, L\_\_\_, XL\_\_\_ \$10 \$ \_\_\_\_\_

Uni Magazine subscription (optional)..... \$70 \$ \_\_\_\_\_

Total..... \$ \_\_\_\_\_

Lunch/Dinner preferences: \_\_\_\_\_ Vegetarian \_\_\_\_\_ Non-vegetarian

**Accommodations** are your own responsibility. Please visit the CMW website for info.

### Tell us your plans:

**Housing:** ( ) campground, ( ) Hotel \_\_\_\_\_,

( ) Other arrangements \_\_\_\_\_.

**Rides:** ( ) Friday Morning Muni Race ( ) Friday Morning Coker Muni Race,

( ) Friday Afternoon Muni, ( ) Friday afternoon Coker/Muni

( ) Saturday Muni, ( ) Saturday Coker/Muni, ( ) Saturday Trials Comp

( ) Sunday morning Muni ( ) Sunday morning Coker/Muni

( ) Sunday afternoon informal Trials

Extras: ( ) Thursday afternoon Disc Golf ( ) Sunday dinner

Please mail this completed form along with a check made out to Corbin Dunn to:

**Corbin Dunn - CMW**

**24750 Hutchinson  
Los Gatos, CA 95033**

**<http://unicycling.com/muni/2007>**

**Waiver and Release:**

The California MUni Weekend, 2007 ("CMW") consists of different rough terrain unicycle rides and competitive unicycle events (the "Events"). CMW is organized by Nathan Hoover, Corbin Dunn, Jason Heimann, and John Foss ("Event Organizers"), and other volunteers.

I grant permission to the Event Organizers to use my name, picture, voice, and/or video in any recording, broadcast, or telecast or other account of this event. The personal information I provided above is, to my knowledge, complete and accurate.

**I know that participating in any of the Events is a potentially dangerous activity and there is a risk of serious injury or death, even when reasonable precautions are taken.**

I agree not to enter and participate unless I am medically able and properly trained.

I agree to abide by any decision of any Event Organizer relative to my ability to safely complete the Events

I am voluntarily entering and assuming all risks associated with participating in the Events including, but not limited to,:  
falls, contact with unicycles, bicycles, or other obstacles;  
contact with other participants, spectators or others;  
the effects of weather, including high heat, extreme cold and/or humidity;  
traffic and the conditions of the roads or trails; AND  
the structural integrity of any obstacles, including those which are part of the trials events.

I understand that first aid will not be provided by the organizers, or volunteers.

In the event that I require medical assistance, I grant Event Organizers permission to transport me or to summon emergency medical assistance. In any event, I will be responsible for all costs associated with my care.

I further represent and warrant that I am advised of the existence of California Civil Code section 1542, which provides as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Notwithstanding this provision, this release will constitute a full release in accordance with its terms. I knowingly and voluntarily waive the provisions of Section 1542, as well as any other statute, law or rule of similar effect, and agree that this waiver is an essential and material term of this release.

**I have carefully read this document and understand that I am waiving important legal rights, assuming the risk of financial loss, bodily harm or death, and that I am agreeing to protect and defend the indemnified parties at my own cost.**

**I understand that this is a legally binding contract between myself and others. I represent that I have the right to contract in my own name, or if acting on behalf of a minor, have every right to contract for the minor for whom this document is being used.**

In consideration of the acceptance of my entry to participate in the 2007 California Muni Weekend, I, for myself and anyone entitled to act on my behalf, waive and release the, Event Organizers, volunteers, sponsors, and each of the respective representatives and successors, officers, directors, members, agents and employees of the foregoing (the "Released Persons"), from all present and future claims or liabilities of any kind, known or unknown, arising out of my participation in the Events even though that liability may arise out of ordinary negligence or fault on the part of the Released Persons.

Participant Name (printed) : \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

(continued)

For Participants under the age of 18, the Legal Guardian of the Participant must sign below. In addition, if the Legal Guardian will not be present, the adult who will be present with the Participant, and who will be responsible for the Participant during CMW (the "Temporary Guardian") must also be identified and sign below.

Name of Temporary Guardian (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Temporary Guardian: \_\_\_\_\_

Name of Legal Guardian (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**IN CASE OF AN EMERGENCY:**

Friend or relative to contact: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Primary Physician \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_

Phone \_\_\_\_\_

Please list your allergies \_\_\_\_\_

\_\_\_\_\_  
Please list any special medical conditions you have \_\_\_\_\_

\_\_\_\_\_  
Please list any medications you are currently taking \_\_\_\_\_