

IMBA-SORBA Volunteer Release Agreement & Wavier Form
This Document Affects Your Legal Rights; Read it Carefully.

Date: _____ **Coordinator:** _____ **Event Type:** Trail Work, Festival, Ride, Race, Other _____ **Event Location:** _____

Chapter: _____ **Remarks:** _____

I the undersigned, wishing to participate in the above Activity or Event and knowing that there are certain risks and dangers involved related to this Activity or Event, hereby agree that:

1. I am aware of the risks and dangers associated with participation in and transportation to and from this Activity. 2. I agree that the Southern Off-Road Bicycling Association (SORBA) and their representatives, agents and contractors will not be legally responsible for any loss, injury, or damage resulting from any cause, including negligence. 3. I understand and agree that any equipment that which I provide or borrow from sponsors, I use at my own risk. I understand that the **Southern Off-Road Bicycling Association** shall not be liable for any damage or injury resulting from use of said equipment. 4. I understand and agree not to hold **IMBA-SORBA** liable for any injury or loss that occurs during the Activity. 5. In consideration of being allowed to participate in this Activity, I personally assume all risks in connection with this Activity and I **RELEASE, HOLD HARMLESS, and INDEMNIFY** the Southern Off-Road Bicycling Association, and any other sponsors, and their employees, agents and contractors from any liability for death, injury, or other damage which may occur during this Activity or during transportation to or from this Activity whether foreseen or unforeseen, however caused and whether or not caused by negligence. 6. The terms of this agreement shall serve as a release and assumption of risk for my heirs, executor, administrator, and all members of my family, including any minors accompanying me. 7. I am legally competent to sign this release or my parent or guardian has also read and signed this Release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS RELEASE OF LIABILITY IS A BINDING CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Volunteer's Name	Volunteer Signature (or Parent/Guardian if under 18)	Member (Y/N)	Home Phone	Work Hours	Travel Hours	Emergency Contact	Emergency Phone

Certified by (coordinator or official): _____ **Date:** _____

Round-Trip
Travel

Use the online Volunteer Time Reporting (VTR) system to report volunteer hours. Keep hardcopy.