

**MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS, INC.
and BEAR LEGACY ADVENTURE TRAIL
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE EVENT KNOWN AS “**NICA GRiT: Girls Riding Together**” sponsored by Interscholastic Maryland Cycling League, on the **Bear Legacy Adventure Trails** located on the **Maryland Center for the Visual and Performing Arts** property at 2503 South Tollgate Rd. Bel Air, MD 21015, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them and/or because of the property’s terrain. I acknowledge that this activity may involve risk of injury that include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

In consideration of my application and permitting me to participate in this activity, I hereby WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me THE FOLLOWING ENTITIES OR PERSONS: **MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS, INC., BEAR LEGACY ADVENTURE TRAIL, NICA GRiT: Girls Riding Together, Interscholastic Maryland Cycling League,** and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers (“Released Parties”).

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Signature Date

Participant’s Name Age
(Please print legibly)

Parent/Guardian Signature Date
(If under 18 years old, Parent or Guardian must also sign.)