

July 20-12, 2020

## **Entry form**

Name (pri	nt):			
Address: _				
City:		State:	Zip:	
Phone:				
E-mail:				
Age:	Ge	ender:		
T-shirt size	e:			
Parent / G	uardian phone ni	umber:		
Amount:				
•	350 (I will bring m 329 (I need to ren	•	•	
Payment I	Method			
Cash	Check	Visa	Mastercard	Discover
Card Num	ber:			
Expiration Date: V-Code			-Code:	
Please ma	ke checks payabl	e to:		
Applicatio Sugar Mou Mountain P.O. Box 3	x, NC 28604 ugar.com	faxed or emai	•	
For any qu	iestions, please c	all 828-898-452	21 x 202	

## Waiver / Liability release

In consideration of the acceptance of my application in the Sugar Mountain Resort Gravity Mountain Bike Camp held at Sugar Mountain Resort, Inc., I hereby waive, release and discharge any and all claims for damages including, but not limited to, personal injury, death or property damage which I may incur, or which may accrue to me as a result of my participation.

This release is to discharge in advance Sugar Mountain Resort, Inc., its agents and employees from and against any and all liability out of or connected in any way with my participation in the Sugar Mountain Resort Mountain Bike Camp.

I agree to wear a full-face helmet, knee / shin pads during all training sessions and cooperate with the Sugar Mountain Resort coaching staff.

I further understand that serious accidents occasionally occur while downhill mountain biking and that mountain bikers occasionally sustain mortal and serious personal injuries and / or property damage.

Knowing the risks of downhill mountain biking, nevertheless, I hereby agree to assume those risks and to release and hold harmless the persons and entities mentioned above.

I hereby grant Sugar Mountain Resort, Inc. the right to take and utilize photographs of me participating in this activity for the purpose of promotion and advertising.

Signature of Applicant	Signature of Parent / Guardian
Date	