

# **CLUB MEMBER LIABILITY WAIVER—SPOKANE WINTER KNIGHTS ASSOCIATION**

All members are encouraged to read, understand and sign this waiver before participating in special activities or rides conducted by the Spokane Winter Knights Association.

I recognize that riding a SNOWMOBILE, SNOWBIKE, ATV/UTV, or any other OFF-HIGHWAY VEHICLE is a hazardous activity and one that can result in serious personal injury, death, or property damage. I understand that operating said vehicles may be conducted at a site that is remote from competent medical assistance; nevertheless, I choose to proceed even in the absence of competent medical assistance. I accept the risks inherent to riding with a group including but not limited to, obstacles on and off the roads and trails, rapidly changing weather, limited visibility, variation of slope and steepness on and off the trails, surface or subsurface conditions on and off the trails and roads, collisions with other SNOWMOBILES, SNOWBIKES, ATV/UTVs, or any vehicles including other riders, and collisions with devices used to mark the boundary of trails and roads.

In consideration of my participation in events and rides of the Spokane Winter Knights Association, I hereby release and agree to hold harmless the Spokane Winter Knights Association, their officers, directors, employees, volunteers and agents from all claims.

I have carefully read the conditions of this agreement and the release of liability, and fully understand its contents and implications. I understand that I am responsible for my own SNOWMOBILE, SNOWBIKE, ATV/UTV, or any other OFF-HIGHWAY VEHICLE liability and medical insurance. I am also aware that this release of liability is a contract between the Spokane Winter Knights Association and me, and I sign it of my own free will. My signature signifies that I have read and agree with this release.

Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Signature of Parent or Guardian if participant is a Minor (under the age of 18 years).

Minor Name \_\_\_\_\_

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor Name \_\_\_\_\_

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor Name \_\_\_\_\_

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor Name \_\_\_\_\_

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor Name \_\_\_\_\_

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

