

3rd Annual
Plumas County Search & Rescue
POKER RUN - TRAIL RIDE

Saturday, July 20, 2013
REGISTRATION FORM

(One form per rider please, photocopies acceptable, please print clearly)

Name: _____ **Contact Phone:** _____

Mailing Address: _____ **City:** _____ **State:** _____

E-mail Address: _____ **Age:** _____ (Under 18 must have
Parent/Guardian sign below)

Emergency Contact/Phone No. _____

Entry Fee: \$35

RELEASE FORM AND WAIVER OF LIABILITY FOR THE 2013 PCSAR POKER RUN

NOTICE: *This is a contract with legal consequences. Please read carefully before signing.*

By submitting this form for entry in the 2013 PCSAR Poker Run, and by signing this form for myself (or, if under 18 years of age, by my parents or legal guardian), I hereby waive, release and discharge, in advance, any and all liability arising out of, or connected with my participation in the 2013 PCSAR Poker Run against the promoters, sponsors (and their respective agents and employees), the Plumas County Search & Rescue Team, the Plumas County Sheriff's Office and any and all volunteers connected with this event. I hereby further understand that accidents occasionally may occur during an event of this nature, with the possibility of serious or even mortal injury and/or property damage as a consequence. Therefore, knowing the risks of OHV riding and doing so during a group event - nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who might otherwise be liable to me, my heirs or assigns for any and all damages resulting from my participation in this event. I further attest that I am a competent rider and that my machine is in safe operating condition, that I am knowledgeable of the "rules of the road" and that I will utilize such safety equipment as is appropriate for this event, including a well-fitting OHV helmet. This is a contract between the above-mentioned parties and me, and I sign of my own free will.

Signature: _____ **Date:** _____

If under 18, Parent/Guardian Signature: _____ **Date:** _____

*****Please mail completed registration forms and checks to: PCSAR, PO Box 1774 Quincy, CA 95971*****