

2002 OHV WORKSHOP REGISTRATION FORM

June 19-23, 2002
Castle Rock, Colorado

Name: _____

Agency/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

Emergency Contact: _____ Phone: _____

4 Check all that apply:

- I am not certified on ATVs. Please register me for the ATV safety class. (\$55.00, ATV & Safety gear required)
Specify day ____Wed AM ____Wed PM ____Sat AM
- I will be able to bring an extra ATV for someone to use for ATV safety class
- I want to take the ATV safety class, but will NOT be able to bring an ATV to the session and understand that there may or may not be an additional ATV available to use for training.

- Please register me for the Dirt Bike School. (\$100.00, OWN Dirt Bike & Safety gear required)
Specify day ____Wed All Day Session ____Sat All Day Session
- I will bring an ATV or Dirt Bike for Field Exercises
- Please register me for this USFS Basic Chain Saw Training. (saw & safety gear required)
- Please register me for the SWECO Operation Certification (\$50.00, required, limited openings)
Monday, June 24 through Friday June 28, 2002

REGISTRATION FEE

4 Check all that apply

****Colorado Off Highway Vehicle Coalition is offering scholarships to help cover workshop registration fee.**

- Workshop Registration** (Wed – Sat). If received before June 1, 2002 \$ 75.00
- Workshop Registration** (Wed – Sat) If received after June 1, 2002 \$ 100.00
- One day rate Specify which day attending _____ \$ 50.00
- ATV Safety Class Certification Fee \$ 55.00
- Dirt Bike Safety Class Certification Fee (\$75.00 if less than 16 yrs) \$ 100.00
- SWECO Operation Certification Fee (Limited Openings) \$ 50.00
- Chain Saw Training \$ 00.00
- COHVCO MEMBERSHIP \$ 20.00
- DONATION TO COHVCO \$ _____

Total Amount Enclosed \$ _____

METHOD OF PAYMENT (CHECK ONE)

- I wish to apply for Financial Assistance to attend this workshop

(Partial financial assistance applies to workshop registration fee only. Certification fees not included)

____ Personal Check / Business Check enclosed (To COHVCO) , ____ Purchase Order, ____ Bill Me

For those using Purchase Orders, COHVCO's Federal Tax ID Number is 84-1065199

____ Visa/ MasterCard /Am. Express/Discover (Circle) #: _____ Exp. ____ / ____

Name on card: _____ Signature: _____

MAIL OR FAX REGISTRATION AND PAYMENT TO:

COHVCO Attn: Corey Corbett
12161 W. Mt. Powell
Littleton, CO 80127

(303) 932-8733 (message)
(303) 932-8733 (fax)
e-mail: corbett@cohvco.org

**** I HAVE READ AND UNDERSTAND THE RELEASE AND WAIVER OF LIABILITY AGREEMENT ON THE REVERSE SIDE.**

Required Signature

Date

**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

COHVCO OHV WORKSHOP 6/19/02 – 6/28/02

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT (S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he have or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters, and he further agrees and warrants that if at any time, he is in or about RESTRICTED AREAS and he feels anything to be unsafe, he will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT (S).

2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT (S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as Releases. FROM ALL LIABILITY TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS DR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT (S). WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT (S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY. DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT (S) whether caused by the NEGLIGENCE OF RELEASES or otherwise.

5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT (S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED, also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASES,

6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY. ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS. UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE **GREATEST EXTENT** ALLOWED BY LAW.

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| _____ PRINT NAME HERE | _____ SIGN NAME HERE | _____ DATE |
| _____ SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS YOUNGER THAN 18 YEARS | _____ PRINT MINOR'S NAME | _____ DATE |