

**SATURDAY MARCH 11, 2017**

**CODY'S EIGHTH ANNUAL OFF-ROAD RIDE TO SURVIVE**

**REGISTRATION FORM**

Please make checks payable to The Cody Waters Foundation. **MAIL COMPLETED REGISTRATION FORM, PARTICIPANT WAIVER AND CHECK** to The Cody Waters Foundation, PO Box 5115, Garden Grove, CA 92846. Upon receipt of your payment, you will receive an e-mail confirmation.

**Entry Fees Fee includes lunch, 2 raffle tickets and event T-Shirt**

\$60 per rider / driver of vehicle

\$30 for passengers and children under 12

Children under 8 are free

**WAIVER** Please complete one waiver form for each paid group

One wavier may be used for each group by listing each person's name on the form.

I have read the participant waiver and I/We agree to the terms of the waiver.

# of Adult drivers / riders \_\_\_\_\_ amount paid \_\_\_\_\_

# of passengers / children under 12 \_\_\_\_\_ amount paid \_\_\_\_\_

# of children under 8 (No Charge--T-Shirt not included)

\_\_\_\_\_

Rider Name (s) & contact phone # \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency contact Name and # (someone not attending the ride)

\_\_\_\_\_

**LATE REGISTRATION**

If your registration is not received by Friday February 24, or if you choose to register on the day of the ride, I cannot guarantee there will be T-shirts in your size. Please try to register early if you can. If you plan to register on the day of the ride, please send me your shirt size and color, so I can order them. Thank you.

**ONE T-SHIRT PER PAID PARTICIPANT**

Adult BLK Tee	QTY	S___ M___ L___ XL___ XXL___ XXXL___
Adult RED Tee	QTY	S___ M___ L___ XL___ XXL___ XXXL___
Adult ROYAL BLUE Tee	QTY	S___ M___ L___ XL___ XXL___ XXXL___
Youth BLK Tee	QTY	S___ M___ L___
Youth RED Tee	QTY	S___ M___ L___
Youth ROYAL BLUE Tee	QTY	S___ M___ L___

**ADDITIONAL SHIRTS, TANK TOPS AND OTHER APPAREL WILL BE AVAILABLE FOR PURCHASE**

**CAMPING: DRY CAMPING ONLY, THERE ARE NO FACILITIES OR HOOKUPS OF ANY KIND**

[TheCodyWatersFoundation.com](http://TheCodyWatersFoundation.com)

P.O. Box 5115

GARDEN GROVE, CA 92846

310-720-3271

TAX ID# 26-3755059

[codysteam@yahoo.com](mailto:codysteam@yahoo.com)

# CODY'S OFF-ROAD RIDE TO SURVIVE

## PARTICIPANT WAIVER

In consideration for the opportunity to participate in Cody's Off-Road Ride to survive (the "Event"),

I agree as follows for myself, my child (ren) or any other relative who participates and/or attends with me:

1. I hereby waive and release, for myself, my child, my heirs, executors and administrators, any and all rights, claims. Liabilities and causes of action whatsoever I or my child may have against The Cody Waters Foundation, its affiliates and the Event operators and sponsors and each of their respective officers, directors, employees and agents (the "Event Parties") relating to or arising from my or my child's participation in the Event, including but not limited to personal injury.
2. I recognize the Event has inherent risk of injury and I hereby assume that risk, and on behalf of me and my child. If I or my child causes injury to any person or damage to any property while participating in the Event, I hereby indemnify and hold harmless the Event Parties from and against any and all claims, suits, actions, loses, damages and expenses related to or arising from such an injury or damage.
3. I hereby give my consent to The Cody Waters Foundation and its affiliates to use my and my child's name and photographs, video and film ("Photos") of me and/or my child taken before, during or after the Event in advertising and promotional materials for The Cody Waters Foundation, including but not limited to the internet, without compensation. I agree that no advertising or other material need be submitted to me or my child for approval. I agree that all Photos of me and/or my child used by The Cody Waters foundation and its affiliates are owned by The Cody Waters Foundation and they may copyright material containing same. I hereby release, discharge, and agree to save harmless the Event Parties from any liability, including without limitation, any claims for libel or invasion of publicity/privacy, by virtue of any use of my or my child's name and/or Photos, including any alteration of such Photos, whether intentional or otherwise.

I have read and understand this release, and declare all information is truthful and accurate.

Please Print Names of Participants \_\_\_\_\_

Responsible Party Signature Required \_\_\_\_\_

**THECODYWATERSFOUNDATION.COM**

**PO BOX 5115**

**GARDEN GROVE, CA 92846**

**310-720-3271 TAX ID#26-3755059**