

Stone Temple Mountain Bike Camp, June 9-13, 2026

ACCIDENT WAIVER, RELEASE OF LIABILITY, AND CONSENT FORM

I acknowledge that this mountain bike camp is an extreme test of a person's physical and mental limits, and participation in this recreational opportunity carries with it certain "inherent risks" as defined in the Wyoming Recreational Safety Act. This camp includes mountain biking and other outdoor recreational activities, such as hiking, playing in the adjacent outdoor terrain, campfires, and other non-cycling sports/games, which also carry "inherent risks" as defined in the Wyoming Recreational Safety Act. Wyoming Statute (W.S.) Section (§) 1-1-123(a) states: "Any person who takes part in any sport or recreational opportunity assumes the inherent risks in that sport or recreational opportunity, whether those risks are known or unknown, and is legally responsible for any and all damage, injury or death to himself or other persons or property that results from the inherent risks in that sport or recreational opportunity." As a provider of this recreational opportunity, the below signed acknowledges that Wyoming State Parks & Cultural Resources, Wyoming Mountain Bike Camps, Inc., and any related entity or individual "is (are) not required to eliminate, alter or control the inherent risks within the particular sport or recreational opportunity" (W.S. § 1-1-123(b)). I have been advised to read the Stone Temple Mountain Bike Camp Accident Waiver, Release of Liability, and Consent Form carefully before signing. Assumption of inherent risk applies to all participants including but not limited to students, volunteers, guest riders, and support personnel, working directly or indirectly with or in support of the Stone Temple Mountain Bike Camp. I am responsible for reading all camp information and bulletins. **I hereby assume all risks of participating in this camp, traveling to and from this camp, and/or volunteering in this camp. I promise not to sue anyone associated with this camp regarding any claim arising from my participation in this camp.**

I certify that I am physically fit and have not been advised otherwise by qualified medical personnel to not participate in this camp. I acknowledge that this Stone Temple Mountain Bike Camp Accident Waiver, Release of Liability, and Consent Form applies to all activities associated with the 2026 Stone Temple Mountain Bike Camp and that it will govern my actions and responsibilities during the 5 days (June 9, 10, 11, 12 and 13, 2026) of the Stone Temple Mountain Bike Camp.

If you agree, please initial the next two items

_____ I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this camp.

_____ I understand that I may be photographed at this camp. I agree to allow my photo, video and/or film likeness to be used for legitimate purposes by the camp holders, producers, sponsors, organizers, promoters and/or assigns.

The Stone Temple Mountain Bike Camp Accident Waiver, Release of Liability, and Consent Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document, I understand its contents and sign this waiver-release-consent form of my own free will.

Signature of Student/Volunteer: _____ Date: _____

CONSENT AND RELEASE OF PARENT OR GUARDIAN FOR MINORS (UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural guardian or legal guardian does hereby represent that he/she is signing on behalf of the minor participant. I have read and understand the above Stone Temple Mountain Bike Camp Accident Waiver, Release of Liability, and Consent Form and in consideration of allowing my child to participate, I agree that its terms shall likewise bind me, my child, my heirs, legal representatives, and assignees. I promise not to sue anyone associated with this camp on my behalf or on behalf of my child regarding any claim arising from my child's participation in this camp.

Signature of Parent or Guardian of Minor: _____ Date: _____