

RACE NUMBER

YORKSHIRE WARRIOR PARTICIPANT’S AGREEMENT

I acknowledge that the Yorkshire Warrior event is an extreme test of my physical and mental capabilities and with the nature of such an event comes inherent risks of physical injury. Inherent risks are risks that cannot be eliminated completely without changing the challenging nature of the event itself. The inherent risks associated with the Yorkshire Warrior event include but are not limited to: collisions, either colliding with other participants, spectators, vehicles, machinery and/or obstacles on the course itself, the failure to remain within designated areas, encounters with wildlife, becoming lost. Equipment related hazards such as: broken, defective or inadequate event equipment, unexpected equipment failure, inadequate first aid and/or emergency measures I understand that by participating in the Yorkshire Warrior event I will be faced by the hazards stated above as well as the possibility of other hazards that haven’t been named specifically. I am also aware that the risks, dangers and hazards referred to above exist throughout the terrain and may be uncontrolled, un-marked and not inspected. **HAVING READ THE DANGERS ASSOCIATED WITH PARTICIPATING IN YORKSHIRE WARRIOR, I ACKNOWLEDGE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ARRANGE FOR MY OWN INSURANCE COVER FOR THE EVENT IF I WANT TO BE COVERED BY INSURANCE.**

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH YORKSHIRE WARRIOR AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM. I ALSO ACCEPT RESPONSIBILITY FOR ANY PERSONAL OR PROPERTY DAMAGE CAUSED BY OR AS A RESULT OF MY PARTICIPATION IN YORKSHIRE WARRIOR.

- I certify that I do not know of any physical or mental conditions that would affect my ability to safely participate in the Yorkshire Warrior event, or that would result in my participation creating a risk of danger to myself or to others.
- I understand that Yorkshire Warrior Challenge Limited recommends that each and every participant get medical clearance from his/her general practitioner prior to participation.
- In the event of an injury to me that leaves me unconscious or incapable of making a medical decision, I authorise appropriate Yorkshire Warrior Challenge Limited personnel and other emergency medical personnel at the event to make emergency medical decisions on my behalf including, but not limited to CPR and AED.
- I authorise Yorkshire Warrior Challenge Limited to secure emergency medical care or transportation when deemed necessary by event personnel.
- I agree to assume all costs of emergency medical care and transportation if applicable.
- I grant permission to Yorkshire Warrior to use my photograph and any other record of my participation in Yorkshire Warrior for any legitimate purpose. I understand that any photographs, motion pictures, recordings captured during Yorkshire Warrior and its affiliated contractors, and/or the media become the sole property of Yorkshire Warrior. I grant the right, permission and authority to Yorkshire Warrior to use my name and any such photographs, motion pictures, recordings, and/or likenesses for any authentic purpose, including but not limited to promoting, advertising, and marketing activities. I further understand that Yorkshire Warrior, as sole owner, has the full right to sell and/or profit from the commercial use of such photographs, motion pictures, recordings, and/or likenesses.

I HAVE READ AND I UNDERSTAND THIS ENTIRE AGREEMENT. BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM ASSUMING ALL RESPONSIBILITY OF INJURY, ILLNESS, LOSS OR DAMAGE TO EQUIPMENT. THAT I AM WAIVING ANY AND ALL CLAIMS ARISING FROM ANY CAUSE WHATSOEVER AGAINST THE ORGANISERS AND ALL THIRD PARTIES, ON BEHALF OF MYSELF AND MY HEIRS, SUCCESSORS AND ASSIGNS; AND THAT I WILL INDEMNIFY THE RELEASEES IF ANY SUCH CLAIMS ARE BROUGHT AGAINST THEM.

NAME (CAPITALS).....

SIGNED.....

DATE.....

