



## Event Registration

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### I'm (We're) also interested in:

- Hearing about other Outdoor Family Activities around Austin
- Learning more about Fit Lifestyle Opportunities
- Austin-Area Middle School Bike Team
- Fun Fitness Activities by Boneshaker Project

### PERSONAL APPEARANCE RELEASE

Boneshaker Project is a 501(c)(3) organization, and as such, is in the business of actively seeking donations and raising funds for programming, sharing messaging and operational costs. We have a strong and active social media element to our programming that includes such outlets as Instagram, Facebook, Twitter, as well as our own website: [www.boneshaker.org](http://www.boneshaker.org). Additionally, our captured images from outreach programs will be used in applications for grants and donations sought from governments, corporations, individuals and foundations.

I hereby authorize Boneshaker Project to record and edit into their programs and related materials my name, likeness, image, voice and participation in and performance in print, on film, tape or otherwise for use in the above program or parts thereof (the "Recordings"). I agree that the program may be edited and otherwise altered at the sole discretion of the Boneshaker Project and used in whole or in part for any and all broadcasting, non-broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world.

Signature of Person Appearing: \_\_\_\_\_  
(or parent or Guardian, if under 18)



**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in **Boneshaker Project's** athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Boneshaker Project**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
(Participant's Signature)

**FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

Emergency Phone Number:\_(\_\_\_\_\_)\_\_\_\_\_