

**Strathpuffer January 15th/16th 2022
Indemnity Form**

RACE NUMBER.....

I agree to abide by the rules and agree that:

I participate entirely at my own risk;
I must rely on my own ability in dealing with hazards;
I must ride in a manner which is safe for others and me.
I am aware that whilst riding during this event the function of the marshals is only to indicate direction and that I alone must determine whether any movement I make is safe.
I have ensured that my bike is in good working order.
I agree that no liability whatever shall be attached to members of the organising company – Strathpuffer Ltd, sponsors, marshals or officials in respect of any injury, loss or damage suffered by me in, or by reason of, taking part in the event however caused.
I agree that although the organisers will ensure that the event is as safe as possible, my safety is ultimately my own personal responsibility, just as it is with any bike ride I undertake.
I confirm and acknowledge that my attention has been drawn to these conditions.
I also confirm that I have read and understand the event rules and these conditions.
I accept them as a fair contract before signing.

Signature

NAME **TEAM NAME:**.....

Emergency Contact Number.....

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