

TAOS COMPOSITE

MIDDLE SCHOOL MOUNTAIN BIKE TEAM



2024 REGISTRATION

ATHLETE INFO:

ATHLETE NAME: _____ SCHOOL: _____
DATE OF BIRTH: _____ AGE: _____ GRADE: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
ATHLETE'S CELL PHONE: _____ ATHLETE'S EMAIL*: _____

PARENT INFO:

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
CELL PHONE: _____
EMAIL*: _____

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
CELL PHONE: _____
EMAIL*: _____

RIDER SURVEY

Please describe your mountain bike experience: _____
Any mountain bike race experience? YES NO
If YES, what is your current race division? _____

What is your commitment level to being on the team? LOW AVERAGE HIGH

Do you need to borrow a mountain bike? YES NO Helmet? YES NO

*Team communication will take place via Team App (also sent via email) so it is critical that both parents and athletes (if they have a phone) download this app. We need current email addresses and phone numbers for parents and athletes to set this up and maintain communication. We will send all parents and athletes details for joining Team App before the season begins.

You must complete and return the **registration form, medical release, and liability form** prior to your athlete attending practice or events. No one may participate in team activities until all forms, and agreements are completed and current fees are paid.

\$250 = Cost for 2024 Season (includes all coaching and a jersey)

Please contact us if you need scholarship assistance. We do not want to deny participation to any student due to lack of resources but may need time and help in obtaining scholarship funds.

2024 Taos Middle School Mountain Bike Team Medical Release

Athlete's Name: _____ Birth date: _____

Athlete's Phone: _____

Parent Name: _____ Parent Name: _____

Parent Phone: _____ Parent Phone: _____

Insurance Coverage

Company: _____ Member #: _____

Policy Number: _____ Expiration Date: _____

Medical History

Allergies

Current Medications

Other Medical Information

Athlete Medical Release Parent hereby authorizes Field Institute of Taos and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete, coaches can sign for competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. The coaches shall notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless Field Institute of Taos and its coaches from any and all costs arising out of such care, treatment and/or procedure.

Parent/Guardian (signature)

Date

Parent/Guardian (signature)

Date

COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT & PHOTOGRAPHIC RELEASE

In exchange for and in consideration of the Field Institute of Taos making its summer programs (hereinafter referred to as the "Programs") available to me and my Child and recognizing that we may decline these services and choose not to participate in the Programs, **THE UNDERSIGNED, FOR MY CHILD, MYSELF, AND ANY OTHER PARENT/GUARDIAN OF MY CHILD HEREBY REPRESENTS TO AND CONTRACTS AND AGREES WITH FIELD INSTITUTE OF TAOS** as follows:

I am a parent and/or guardian of the minor child identified below (herein referred to as "my Child"), I have authority to enter into this release and indemnity contract on behalf of my Child, on my own behalf and on behalf of any other parent or guardian of my Child, and I do so **FREELY, FULLY, AND WITHOUT RESERVATION.**

For myself and my Child, I agree and understand that these Programs offer outdoor activities (including hiking, camping, and bicycling) that contain **INHERENT RISKS** and may be **HAZARDOUS ACTIVITIES** and may result in injury or death to my child during his/her participation in the Programs. These risks and hazards include, but are not limited to: physical injury, trauma, emotional injury, death and property damage, falling, equipment failure; interference from other activities in the vicinity; high altitude and rigorous physical activity and exhaustion. The activity or activities in which my minor child has chosen to participate may include physical challenges, which, if aggravated by high altitude conditions, may place unusual demands on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations.

I ASSUME ALL RISKS in connection with my Child's participation in such Programs and related activities (including all transportation), including, but not limited to, personal injury or death, and **PROMISE NOT TO SUE AND COMPLETELY RELEASE** the Field Institute of Taos, their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "FIT") **FROM ALL LIABILITY** for any injuries, death, or damages and from any claim by me, any other parent or guardian of my Child, my Child, anyone on behalf of my Child and by my Child's estate, heirs, and assigns arising in any way from my Child's participation in the Programs, whether such loss, damage or injury results from negligence or otherwise.

I AUTHORIZE FIT to call for medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of FIT, such medical attention is needed. **I AGREE TO PAY** all costs associated with medical care and transportation for my Child and indemnify and hold FIT harmless from any costs incurred therein, or any claims arising therefrom.

I CONTRACTUALLY AGREE that any and all disputes between FIT and me and any other parent/guardian of my Child relating to my child's participation in the Programs, and any and all claims for personal injury and/or death, will be **GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO** and the **EXCLUSIVE JURISDICTION THEREOF** will be in the state or federal courts of the **STATE OF NEW MEXICO.**

I grant FIT **PERMISSION** to use and publish photographs of my Child for FIT promotional purposes.

I have carefully read the foregoing **COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT** and understand its contents, including the jurisdictional agreement. **I ACKNOWLEDGE AND UNDERSTAND** this is a **COMPLETE RELEASE AND INDEMNITY AGREEMENT**, that it includes any and all claims of my Child, me or any other parent/guardian of my Child for any reason, and is a **LEGALLY BINDING CONTRACT.**

I AM AWARE THAT THIS LEGALLY BINDING CONTRACT WILL REMAIN IN FULL FORCE AND EFFECT FOR THE YEAR IN WHICH THE RELEASE WAS SIGNED AND THAT BY SIGNING IT I AM RELEASING RIGHTS OF MY CHILD, MYSELF, AND OTHERS.

Minor Child (Print Name)

Parent/Guardian (Print Name)

Parent/Guardian Signature _____
Date