



DIRT DIVAS WOMEN'S CLINICS
2010 REGISTRATION FORM



Please send these completed forms to:
Girls Move Mountains, 27 East State Street, Montpelier, VT 05602
Questions? Contact info@girlsmovemountains.org or (802) 229-2976

Our Women's Mountain Bike Clinics are geared towards beginner/intermediate riders and are a great way to get into the sport or dial in your skills. The clinics cover the basics of gearing, shifting, braking, body position, cornering, bike handling, trail riding, obstacles, and bike repair/maintenance...all in a positive and supportive environment!

Name: _____ How did you hear about this clinic? _____

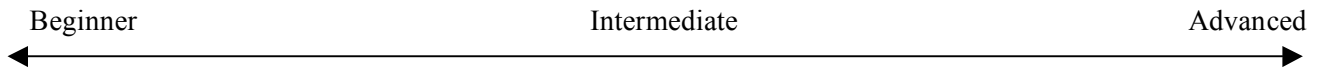
Mailing Address: _____

Town: _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____ Phone (cell): _____

Email: _____

Mountain Bike Level (please indicate with a mark where on the scale you are)



CLINIC SELECTION*

Please place a check to the left of the clinic(s) you would like to attend:

Table with 5 columns: Check Here, Date, Location, Time, Cost. Rows include Stowe Mountain Resort (June 26), VT Mountain Bike Festival (July 17), Millstone Hill (August 7), and Stowe Mountain Resort* (August 21).

*This clinic, in partnership with Stowe Mountain Resort, can be combined with an optional special package that includes lodging, yoga, and spa. For more information about these clinics, please visit our website: www.girlsmovemountains.org.

CLINIC FEE (for June 26, August 7, and August 21 clinics only).

\$_____ Clinic Fee (from the chart above) Please make checks payable to Girls Move Mountains.

EQUIPMENT

Do you have your own mountain bike? YES _____ NO _____ *

*If you answered NO, please provide us with your height and we will provide a bike for you: _____

Do you have your own helmet? (If no, we will provide one for you) YES _____ NO _____

NOTE: Registration is on a first-come, first-served basis. We will send you a confirmation email once we've received your registration forms. If you register and the clinic is already full, we will refund 100% of your payment.

Girls Move Mountains Medical Information Form

We ask for this information so that we can be well-informed about your health and aware of any issues or conditions that might affect your participation in our clinic. Please complete this form thoroughly.

I, _____ have registered for a 2010 Dirt Divas Women's Clinic.

Please check all that apply:

I am in good physical and mental health and am able to participate fully in the mountain bike clinic. I have **NO** medical conditions or allergies.

I have the following medical condition(s), injuries, and/or allergies, including to specific foods. (Please provide more information on the back of this sheet if necessary).

I have asthma and/or am allergic to bee stings and will have an inhaler and/or Epi Pen with me at the clinic. Please indicate which condition(s) you have, its severity, and how it is aggravated:

Please complete the following emergency contact information:

Emergency Contact #1: _____ Tel No. _____

Emergency Contact #2: _____ Tel No. _____

I have provided comprehensive and accurate medical information to Girls Move Mountains. I give Girls Move Mountains/Dirt Divas' staff consent to provide me with medical treatment (within the scope of their training), make decisions about my immediate medical care in the event I am not able to do so and, if necessary, take me or arrange for me to be taken (by Emergency Medical Services) to the nearest emergency room to receive emergency medical treatment.

Sign here

Print name

Date

Girls Move Mountains Media Release

Please check the appropriate line below.

_____ **YES**, I give my permission for Girls Move Mountains and outside media agents (newspapers, television, radio stations, etc.) to take photographs, video, and otherwise document my involvement in the activities of this program. I give permission for any photographs or video/audio material of myself to be used in publicity about the program and organization (website, promotional materials, newspaper/magazine articles, etc.).

_____ **NO**, I do not give my permission for Girls Move Mountains and outside media agents (newspapers, television, radio stations, etc.) to take photographs, video, and otherwise document my involvement in the activities of this program. I do not give permission for photographs or video/audio material of myself to be used in publicity about the program and organization (website, promotional materials, newspaper/magazine articles, etc.).

Sign here

Print name

Date

Girls Move Mountains' Dirt Divas Women's Mountain Bike Clinics
PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK
PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of the services provided by Girls Move Mountains, their agents, owners, officers, volunteers, participants, employees, committee members, directors and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, indemnify, hold harmless, and discharge Girls Move Mountains, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based activities such as mountain biking, hiking, swimming, and team-building activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that some of these risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, but are not limited to, the following: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including trail irregularity, equipment failure, inadequate safety equipment, use and misuse of equipment provided by Girls Move Mountains or others; dangers associated with human-made and natural jumps and stunts; motor vehicle accidents; the releasee's own negligence; the negligence or gross negligence of others; weather conditions; the possibility of serious physical and/or mental trauma or injury, or death associated with this program; slipping and falling; falling objects; water hazards; drowning; exhaustion; exposure to temperature and weather extremes that could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, infections, and hazardous plant life. Furthermore, Girls Move Mountains' staff might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. **I, on behalf of myself, my family members, my heirs and assigns, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Girls Move Mountains, its staff, employees, volunteers, program partners, board/committee members, Nadine Budbill, the Lamaille Family Center, other participants, and the representatives and agents of all of them, of and from any and all liability, losses, claims, demands, rights or causes of action, including negligent acts or omissions and gross negligence, which may arise out of or be in connection with any loss, suffering, damage, or injury, including paralysis and death, to my person or property, resulting from or being in connection with my participation in Girls Move Mountains' programs.**
4. Should Girls Move Mountains, anyone acting on their behalf, or any person or entity hereby released be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition or illness I may have, regardless of whether I have informed Girls Move Mountains of said condition or illness.
6. In the event that I file a lawsuit against Girls Move Mountains, I agree to do so solely in the state of Vermont, and I further agree that the substantive law of Vermont shall apply in that action without regard to the conflict of law rules.
7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Girls Move Mountains on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to this release with all of its terms and conditions as provided above, for myself and my child or ward, and any heirs, assigns, and next of kin. I release and agree to hold harmless the Releasees from any and all liability incidents to my minor child's or ward's participation in this program as provided above, even if arising from the negligence or gross negligence of the releases, through their acts or omissions, to the fullest extent permitted by law.

Signature of Parent/Guardian _____ Print Name _____ Date _____