



TOUR DE SCOTTSDALE®

Volunteer Waiver

Name: _____ Email: _____

I, _____, hereby waive and release any and all rights and claims for damages I may have against DC Ranch Community Council, Inc. and its affiliates, employees, agents, directors, shareholders, partners, event sponsors, and any individuals or corporations associated with the Tour de Scottsdale and will hold harmless for any and all injuries or illness suffered in connection with the organization. DC Ranch Community Council, Inc. are not responsible for the loss of personal items, nor any other form of aggravation in connection with said organization. I attest that I am in good physical condition and capable of participating in this event. By signing, I acknowledge I have read and fully understand my own liability and do accept the restrictions. Incomplete or unsigned forms will not be accepted. If entrant is under 18 years old, one parent of legal guardian must sign.

Home Address: _____
City: _____ State: _____ Zip Code: _____
Emergency Contact Phone: _____ Emergency Contact Relationship: _____
Emergency Contact Name: _____

In addition, I grant permission for the image and statements of myself to be used in educational, promotional and marketing material(s) related to DC Ranch Community Council, Inc. and their partners, which include but are not limited to Mc Dowell Sonoran Conservancy, RacePlace Events, Whitestone REIT, City of Scottsdale, Town of Fountain Hills, and Town of Carefree. This consent applies to educational, promotional and marketing products by print, broadcast, online media and social media without restrictions. Statements and images also may appear on www.tourdescottsdale.net, and www.DCRanch.com, as well as websites and social media sites maintained by partners and media outlets. I understand that I may revoke this authorization at any time, except for action based on this authorization that has already occurred. I do not expect to be paid for the use of my image or statements.

I understand that I am under no obligation to sign this form and that DC Ranch Community Council, Inc. may not alter reimbursement, payment or eligibility for health care benefits on my decision to sign this authorization. DC Ranch Community Council, Inc., their employees, offices, partners and stakeholders are hereby released from legal responsibility or liability from disclosure of the above information to the extent indicated and authorized herein. By signing, I acknowledge I have read and fully understand my own liability and do accept the restrictions. Incomplete or unsigned forms will not be accepted. If volunteer is less than 18 years old, one parent or legal guardian must sign.

1. _____

Printed _____ **Signature** _____ **Date** _____

2. _____

Printed of Parent/Guardian _____ **Signature** _____ **Date** _____

(If applicant is under 18)