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## “24vo. PASEO DE FIN DE AÑO 2011”

### INSCRIPCION DE PARTICIPANTE-REGISTRATION FORM

**NOMBRE COMPLETO (NAME)** \_\_\_\_\_

**DIRECCION (ADDRESS)** \_\_\_\_\_

**CIUDAD (CITY)** \_\_\_\_\_ **ZIPCODE** \_\_\_\_\_

**CODIGO PASTAL** \_\_\_\_\_

**TELEFONO (PHONE)** \_\_\_\_\_

**FECHA NAC (DOB)** \_\_\_\_\_ **CAMISETA(SHIRT):** \_\_\_\_\_

**CORREO ELECTRONICO (E-MAIL)** \_\_\_\_\_

**TIPO DE SANGRE/ BLOOD TYPE** \_\_\_\_\_

LIBERACION DE RESPONSABILIDAD CIVIL DEL PASEO DE MOTOCICLETAS "24vo. PASEO DE FIN DE AÑO 2011" DEL DIA 18 DE DICIEMBRE DEL 2011. (WAIVER RELEASE FORM LIABILITY)

ACEPTO A CONSIDERACION MI REGISTRO REQUERIDO EN LA PARTICIPACION DEL EVENTO "24vo. Paseo de Fin de Año 2011" SEGUN RUTA MARCADA QUE SERA BAJO CONTROL DE LOS ORGANIZADORES, BAJO MI ABSOLUTA RESPONSABILIDAD. ASUMO TODOS LOS RIEZGOS ATENDIDOS QUE SE ENCUENTREN Y DESAHOGO PARA SIEMPRE DE RESPONSABILIDAD CIVIL A: GRUPO ENSENADA PASEOS,A.C., A LOS ORGANIZADORES Y A LOS DUEÑOS DE LAS PROPIEDADES POR DONDE LA RUTA PASA, ASI COMO A LOS DUEÑOS DEL LUGAR EN DONDE EL CONVIVIO DESPUES DEL PASEO SE LLEVE A CABO, ME RESPONSABILIZO POR AQUELLOS DAÑOS QUE YO PUDIERA CAUSAR CON TODO LO ANTES MENCIONADO Y VERIFICO TAMBIEN QUE ESTOY EN OPTIMAS CONDICIONES DE SALUD, ENTRENADO ADECUADAMENTE PARA ESTE EVENTO Y MI CONDICION FISICA HA SIDO VERIFICADA POR UN MEDICO TITULADA.

**WAIVER RELEASE FORM LIABILITY:** I acknowledge that this event carries with it the potential for death, serious injury, and property damage and property loss. I hereby assume all the risks of participating in this event regardless of their cause. I certify I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. I realize that liability may arise from negligence or carelessness on the part of the persons or entities herein being released. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release and Forever Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me while participating in or traveling to and from this event the following entities or persons: "24vo. Paseo de Fin de Año 2011", GRUPO ENSENADA PASEOS,A.C. Group, their directors, officers, employees, volunteers, representatives, agents, and sponsors; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event. I hereby consent to receive medical treatment which may be deemed advisable during this event and understand that I am solely responsible for all costs relating to medical transportation and/ or evacuation. This waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its content.

Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian must sign IF APPLICANT IS UNDER 18 YEARS, which authorizes medical treatment for minor.  
**HE LEIDO Y FIRMO LA FORMA DE RESPONSABILIDAD VOLUNTARIA**

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FIRMA DEL PARTICIPANTE  
ACREDITADOCOMOTAL

\_\_\_\_\_  
FIRMA DEL PADRE O TUTOR

\_\_\_\_\_  
FECHA

TOTAL \$ \_\_\_\_\_ PESOS/DLLS