



REGISTRATION #: _____

DATE: _____

PARTICIPANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

PHONE: _____

BEFORE YOU RIDE *Please read and check each box.*

- | | |
|---|---|
| ☐ I understand that riding an ATV/UTV involves risks that may result in injury, death, or property damage. | ☐ I will stay on designated ATV/UTV routes and trails. |
| ☐ I am choosing to participate in the Fall Flannel Fiasco voluntarily and accept those risks. | ☐ I will respect private property, other riders, volunteers, and the communities we ride through. |
| ☐ My ATV/UTV is legal to operate in Wisconsin and has all required registrations and trail passes. | ☐ I will stop only in safe locations before taking selfies, reading clues, or using GPS coordinates. |
| ☐ I will obey all Wisconsin ATV/UTV laws and ride responsibly. | ☐ Participants under the age of 18 must be accompanied by a parent or legal guardian throughout the event. |
| ☐ I understand this is NOT a race. I will ride at my own pace and always place safety first. | ☐ I understand that photographs taken during the event may be used by the Drummond Dirt & Sno-Jacks for future promotional purposes. |

RELEASE OF LIABILITY

By signing below, I acknowledge that I am participating in the Fall Flannel Fiasco at my own risk.

I release and hold harmless the Drummond Dirt & Sno-Jacks, its officers, members, volunteers, sponsors, participating landowners, the Town of Drummond, Bayfield County, and any organizations or individuals assisting with this event from any claims, damages, injuries, losses, or liability arising from my participation, except where prohibited by law.

PARTICIPANT CERTIFICATION

I have read this waiver, understand it, and agree to its terms.

PARTICIPANT SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

EVENT OFFICIALS ONLY

- ☐ Waiver Received
☐ Registration Verified

VOLUNTEER INITIALS: _____

