

FOVMP for PTSD RIDE REGISTRATION FORM

Sunday, June 3rd, 2018. Registration/Check-In 8:00am-9:00am

Registration and Ride Starts from: Veterans Memorial Park - 315 S. Marquette St. Davenport, Iowa

Price for Ride: \$10 per rider \$15 per couple

Rider Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Emergency Contact: _____

Passenger Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ E-mail: _____

Emergency Contact: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

In consideration of the acceptance of my entry in this event, I do for myself, my heirs, executors, administrators, and assigns, hereby give up, RELEASE, and forever DISCHARGE in advance my rights to sue or make any claim for damages due to negligence or carelessness against Officers, Directors, members, and agents; other promoters, sponsors, and their employees; and all organizations and their employees conducting or connected with the Friends of Veterans Memorial Park, the City of Davenport, IA and the FOVMP for PTSD Motorcycle Ride for injury to person that I may suffer, including crippling injury or death, while participating in the event and while upon event premises.

I AM AWARE THAT MOTORCYCLING CARRIES A SIGNIFICANT RISK OF SERIOUS PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE. I know the risks of danger to myself, my minor child (if present), and my property while participating in the event and while upon the event premises and, relying upon my own judgment and ability. **I ASSUME ALL SUCH RISKS OF LOSS** and hereby agree to reimburse all costs to, and to forever **HOLD HARMLESS and INDEMNIFY**, all persons and entities identified above, generally and specifically, from any and all liability for death and/or personal injury or property damage in any way from my participation in this event.

Rider Signature _____ Date: _____

Passenger Signature: _____ Date: _____