

Registration Location:
Berlin VFW Post
420 N. Wisconsin St.
Berlin, WI 54923



Foundation

Ride For Health

-Registration & Liability Waiver-

DATE

Saturday, September 19th, 2009

TIMES

Registration 9am - 10pm

Activities 3pm - 5pm

Dinner 5pm - Berlin, VFW Post 2925

Safety is our primary concern. Please observe all federal, state and local laws, and ride safely and defensively. We request that you wear a helmet, appropriate clothing and eye wear and that your passenger does also. If you and/or your passenger choose to ride without a helmet, you do so at your own risk. Please ride with your headlights on at all times and never ride under the influence of alcohol or drugs.

In consideration of the CHN Foundation permitting (me) (my child _____), who is under the age of 18) to participate in the above-named event. I hereby, and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE that (I) (my child) may have against the above parties, its directors, officers, employees, agents, assignees, licenses, volunteers and any cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my) child may suffer while taking part in the event or any activities connected with the event. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event.

(I AM) (MY CHILD IS) EXPERIENCED IN AND FAMILIAR WITH THE OPERATION OF MOTORCYCLES AND FULLY UNDERSTANDS THE RISKS AND DANGERS INHERENT IN MOTORCYCLING. (I am) (my child is) voluntarily participating in the event and expressly agree to assume sole responsibility for the safe and successful operation of my motorcycle, and to accept the entire risk of any accidents or personal injury, including death, which (I) (my child) might suffer as a result of my participation in the event. I further understand that (I) (my child) assume(s) all risks in participating in the event. This assumption of risk also applies to other motorized vehicles and their operators.

Consent also is hereby given to use (my) (my child's) name, picture, portrait, likeness, writings or biographical information, and audiotapes and/or videotape recordings and sound or silent motion pictures of (me) (my child) in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and/or for any other purpose in the furtherance of the corporate purposes and objectives.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statement or representations of any of the Released Parties. This document shall be binding upon me, my (my child's) heirs, executors, administrators, and assigns (and all legal guardians of my child).

VEHICLE OPERATOR

Name

Address

City, State, Zip

Email

Phone #1

Phone #2

Signature or Authorized Guardian (if under 18)*

PASSENGER

Name

Address

City, State, Zip

Email

Phone #1

Phone #2

Signature or Authorized Guardian (if under 18)*

* I affirm that I am the parent/legal guardian of the above-named rider/passenger and that I have full authority to WAIVER authorize his/her participation in the above-referenced event.