



Smyth County Fall Foliage Motorcycle Charity Ride

--- MOTORCYCLE RIDE REGISTRATION FORM ---

Saturday October 7, 2017

Registration/Check-In 9:00 a.m. Ride Starts at 10:00 am

Participant: Rider Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ E-mail: _____ Emergency contact: _____	Passenger: Passenger Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ E-mail: _____ Emergency contact: _____
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Rider \$30 _____

Rider & Passenger \$50 _____

Total Amount Included: \$ _____

(All registration fees are non-refundable)

Please read carefully the release and waiver of liability on the reverse side before signing.

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 Smyth County Fall Foliage Motorcycle Charity 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: _____