

Sgt. Harmon 2nd annual Fallen Soldiers scholarship fund motorcycle ride.

Rider's Fee: \$25.00

Passenger Fee: \$10.00

Rider's Name: _____

(please print)

Passenger's Name: _____

(please print)

Guardian if under 18 years of Age: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____

CellPhone: _____

Email: _____

RELEASE OF LIABILITY

I, the undersigned, desire to voluntarily participate, donating my time to this nonprofit "Scholarship fund ride" event (hereinafter "activity/event"). I represent that I am knowledgeable of this activity and the risks of personal injury or property damage to myself and to others which may be associated with this activity during the **July 12th, 2014** event.

I understand and agree that Lengby Knight Riders Snowmobile Club and the accompanying donors accepts no responsibility for my acts or the acts of others while I am participating in and traveling in connection with this activity.

In consideration of Lengby Riders Snowmobile Club and the event donors offering this opportunity and allowing me to participate in this activity, the receipt and sufficiency of said consideration being hereby acknowledged, I hereby do release, relieve, discharge and hold harmless Lengby Knight Riders Snowmobile Club, its officers, trustees, employees, and representatives from any and all liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with participation in this activity and any travel associated with this activity.

I certify that I am 18 years of age or older.

_____ Date: _____