



Saturday, October 7, **10:30am** at Harley-Davidson of West Virginia

PARTICIPANT REGISTRATION FORM

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

I am registering as a:

T-shirt Size:

Driver Rider S M L XL XXL

I would like to make a donation of \$ _____ to support **Rumble For A Cure**.

EARLY REGISTRATION FEE: \$25

REGISTRATION DEADLINE: September 15

- Registration accepted after September 15 for \$35
- T-shirt sizes not guaranteed with late registrations

Mail registration form and signed waiver, along with payment to:

The Foundation
4605 MacCorkle Avenue, SW | South Charleston, WV 25309

For more info contact:

Sara Cloer
304.766-3700

**RUMBLE FOR A CURE BENEFIT BIKE RIDE
ACKNOWLEDGEMENT, RELEASE OF LIABILITY
AND PHOTOGRAPHY WAIVER**

ALL PARTICIPANTS, WHETHER DRIVERS OR PASSENGERS, PRIOR TO PARTICIPATING IN THIS EVENT, MUST READ AND SIGN THIS RELEASE FORM. ANY PARTY CHOOSING NOT TO SIGN THIS FORM WILL NOT BE ALLOWED TO PARTICIPATE.

As consideration for being allowed to participate in the Rumble for a Cure Benefit Bike Ride ("the Event"), I hereby agree as follows:

1. I represent that I am experienced in, familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. These may include collisions, falls or road accidents and may be affected by weather, terrain, road conditions and other persons. I am voluntarily participating in the Event and assume the risks of my participation, which include property damage and personal injury or death. I realize that liability may arise from negligence or carelessness on the part of the persons or entities sponsoring, organizing, conducting or volunteering for the Event and, on behalf of myself, executors/administrators, heirs, next of kin, successors and assigns, release them of all possibility liability except that arising from willful neglect or gross misconduct.
2. I certify that I am at least eighteen (18) years old and have no condition that would prevent my safe participation in the Event. I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the Event operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have adequate insurance to cover any medical, property or liability claims arising from actions during the Event. I further certify that I have all the insurance required by law and, if participating as a driver, I am licensed and competent to operate a motorcycle. I further agree to abide by all laws and regulations related to protective equipment while riding a motorcycle.
3. In consideration of my being permitted to participate in the Event, I hereby, for myself, my executors, administrators, heirs, next of kin, successors, and assigns, agree to indemnify and hold harmless the Released Parties from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the Event. Accordingly, I do hereby release and discharge the Released Parties from any claims, demands, and causes of action of every kind whatsoever for any death, damages and/or injuries which may result from my participation in the Event.
4. This release shall be construed broadly to provide a release, waiver and indemnification to the maximum extent permissible under applicable law.
5. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illnesses during the Event. I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.
6. I agree that the Released Parties may take photos and/or videos of the Event and the photos and/or videos may be used for publicity or advertising for an unlimited time without compensation to me.

THIS IS A RELEASE – READ CAREFULLY BEFORE SIGNING. BY SIGNING THIS RELEASE, I CERTIFY THAT I HAVE READ THIS ACKNOWLEDGEMENT, RELEASE OF LIABILITY AND PHOTOGRAPHY WAIVER AND THAT I FULLY UNDERSTAND IT AND THAT I AM NOT RELYING ON ANY STATEMENTS OR REPRESENTATIONS MADE BY ANY PERSON OR ENTITY.

Printed Name: _____

Signature: _____

Date: _____