

RIDE TO REMEMBER

Registration Form

§ This form must be completed clearly and in its entirety or registration will be denied §

Name: _____ E-mail: _____
(Optional)

Address: _____

City: _____ State: _____ ZIP: _____

RELEASE AND WAIVER

In consideration of the "Ride to Remember" Motorcycle Run permitting me (or my child, if under 18), to participate in the event, I hereby for my (or my child's) heirs, executors and administrators, waive and release any and all rights and claims of any nature I may have against the Gloucester County Hero Scholarship fund, Inc., its officers, trustees, employees, agents, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors and assigns for and against any and all injuries or damages of any nature which I might suffer while taking part in any activities connected with the event. I consent to the use of my name and any photographs taken of me during the activity in any promotional materials or publications. This Release and waiver shall be binding upon my (or my child's) heirs, executors, administrators and assigns.

I CERTIFY I HAVE READ THE RELEASE AND WAIVER AND UNDERSTAND THE DOCUMENT AND I VOLUNTARILY SIGN THIS.

Operator Signature

Passenger Signature

Print Name

Print Name

Date

Date

UNDER 18: YES / NO (Please circle)

Any participant who is under 18 years of age is required to have a parent or guardian sign below.

Signature of Parent/Guardian

Print Name

Date