



Fourth ANNUAL "RIDE FOR AUTISM"
BENEFIT RIDE
PRE-REGISTRATION EVENT & WAIVER/RELEASE FORM
FOR MINORS
SATURDAY - AUGUST 2, 2008

Location: Southfield Civic Center (26000 Evergreen Road, Southfield, MI 48076) and points beyond to Biker Bob's Harley Davidson (14100 Telegraph Road, Taylor, MI 48180)

In consideration of my minor child ("the **Minor**") being permitted to participate in a "Ride," Poker Run," "Rally," "Field Meet" or "Activity" (hereinafter, **EVENT(S)**) sponsored and/or conducted by Ride For Autism, Southfield Civic Center, UAW Local 245, TDM, Autistic Society, Harley-Davidson, Inc., Harley-Davidson Motor Company, the Harley Owners Group, Authorized Harley-Davidson dealer(s) including Motown Harley-Davidson, Inc. DBA Biker Bob's Harley-Davidson and/or local H.O.G. chartered chapter(s), and their respective officers, directors, employees, sponsors, and agents (hereinafter, the "**RELEASED PARTIES**") I agree as follows:

1. I know the nature of the **EVENT(S)** and the **Minor's** experience with capabilities, and believe the Minor to be qualified to participate, in the **EVENT(S)** or enter into restricted areas where the **EVENT(S)** are conducted. IF I OR THE **MINOR** BELIEVE ANYTHING IS UNSAFE, I WILL INSTRUCT THE **MINOR** TO IMMEDIATELY CEASE OR REFUSE TO PARTICIPATE IN THE **EVENT(S)** AND/OR LEAVE THE RESTRICTED AREA.
2. I FULLY UNDERSTAND and will instruct the **Minor** that: (a) THE ACTIVITIES OF THE **EVENT(S)** MAY BE DANGEROUS and participation in the **EVENT(S)** and/or entry into Restricted Areas may involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the **Minor's** own actions or inactions, the actions or inactions or others participating in the **EVENT(S)**, the rules of the **EVENT(S)**, the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE "**RELEASED PARTIES**" in performing their chapter duties; (c) there may be OTHER RISKS KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE **MINOR'S** FUTURE.
3. I consent to the **Minor's** participation in the **EVENT(S)** and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS KNOWN AND UNKNOWN AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "**RELEASED PARTIES**" IN PERFORMING THEIR CHAPTER DUTIES.
4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the "**RELEASED PARTIES**" sponsors, advertisers, owners and lessors of the premises used to conduct the **EVENT(S)**, FROM ALL LIABILITY TO ME, THE **MINOR**, my and the minor's personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "**RELEASED PARTIES**" in performing their chapter duties.
5. If, despite, this release, I the **Minor** or anyone on the **Minor's** behalf makes a claim against any of the "**RELEASED PARTIES**" named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE "**RELEASED PARTIES**" and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "**RELEASED PARTIES**" NAMED ABOVE, ASSERTING NEGLIGENCE ON THE PART OF THE "**RELEASED PARTIES**" in performing their chapter duties.
6. I sign this agreement on my own behalf and on behalf of the **Minor**.

I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE **MINOR** WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE "**RELEASED PARTIES**" FAULT, AND SIGN IT VOUNTARILY WITHOUT INDUCEMENT.

Child's name (printed) _____

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Signature of Witness

Printed Name of Witness

MINOR'S ASSUMPTION OF RISK ACKNOWLEDGMENT

Name of Event(s): Ride For Autism

Date: August 2, 2008

Location: Southfield Civic Center (26000 Evergreen Road, Southfield, MI 48076) and points beyond to Biker Bob's Harley Davidson (14100 Telegraph Road, Taylor, MI 48180)

I have obtained my parent's consent to participate in the **ACTIVITIES** conducted over the course of the above **EVENT(S)** and/or enter into restricted areas. I understand that I am assuming all of the risks of personal injury which might occur during the **EVENT ACTIVITIES** and I state the following:

1. Both my parents and I believe I am qualified to participate in the **EVENT ACTIVITIES** and/or enter into restricted areas established in connections with the **EVENT ACTIVITIES**. I will inspect the area and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the **EVENT ACTIVITIES**.
2. I understand that the **EVENT ACTIVITIES** MAY BE VERY DANGEROUS AND INVOLVED RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
3. I know that these risks and dangers may be caused by my own actions or inaction, the action or inaction of others participating in the **EVENT ACTIVITIES**, the rules of the **EVENT ACTIVITIES**, the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for conduction the **EVENT ACTIVITIES**.

I HAVE READ THE ABOVE ASSUMPTION OR RISK ACKNOWLEDGEMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

SIGNATURE OF MINOR PARTICIPANT

DATE

PRINTED NAME OF MINOR PARTICIPANT

AGE

WITNESS

PRINTED NAME OF WITNESS

MINOR T-SHIRT SIZE: CIRCLE ONE-----S - M - L - X L - 2XL - 3XL - 4XL