

# Ride For Autism



EST. 2005

## **Fifth ANNUAL "RIDE FOR AUTISM"** **BENEFIT RIDE** **PRE-REGISTRATION EVENT & WAIVER/RELEASE FORM** **SATURDAY, AUGUST 1, 2009**

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)

The undersigned (on my behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity 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**") releases and holds harmless the "**RELEASED PARTIES**" from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the "**RELEASED PARTIES**" in any way resulting from, arising out of, or in connection with the performance of their chapter duties and my participation in any said **EVENT(S)**.

This release extends to any and all claims I have or later may have against the "**RELEASED PARTIES**" resulting from or arising out of their performance of their chapter duties, whether or not such claims result from negligence on the part of any or all of the "**RELEASED PARTIES**," with respect to the **EVENT(S)** or with respect to the conditions, qualifications, instructions, rules or procedures under which the **EVENT(S)** are conducted or from any other cause. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "**RELEASED PARTIES**" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING THE EVENTS.

I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the **EVENT(S)** and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participating in the events, and any negligence which I might sustain to my person and property as a result of my participating in the events, and any negligence (except willful neglect) on the part of any or all of the "**RELEASED PARTIES**" in performing their chapter duties.

### WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute, which negate or limit the scope of this release and Indemnification Agreement, including but not limited to Section 1542 of the California Civil Code which provides:

"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing this release, which if known to him must have materially affected his settlement with the debtor."

By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the "**RELEASED PARTIES**."

**THIS IS A RELEASE - READ BEFORE SIGNING (over)**

**RIDER/INDEMNITY**

RIDER

\$30.00 for Rider (Must be an adult)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City/Street/Zip \_\_\_\_\_

Date \_\_\_\_\_

PASSENGER

\$20.00 for Passenger (Minors –separate release form will be necessary)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City/Street/Zip \_\_\_\_\_

Date \_\_\_\_\_

**CIRCLE ONE STYLE AND SIZE**

T-Shirt or Spaghetti Strap

S – M – L – XL – 2XL – 3 XL – 4XL

**CIRCLE ONE STYLE AND SIZE**

T-Shirt or Spaghetti Strap

S - M - L - XL - 2XL - 3XL - 4XL

Signature of Parent of Guardian for Underage Participants \_\_\_\_\_

E-Mail Address \_\_\_\_\_

- **Make checks payable to Ride For Autism**
- **Mail completed form and payment to:  
RIDE FOR AUTISM  
PO Box 40346  
Redford, MI 48239**