



## **WAIVER FOR CAR SHOW CONTEST PARTICIPANTS**

**Please print and sign this form and submit with your completed registration form.**

The undersigned (on my behalf and on behalf of my heirs, personal representatives, successors and assigns) for in consideration of the opportunity to participate in The Oaks Family Care Center "Motorcycle Ride + Car Show" on Saturday, July 22, 2017 (the "Event") organized by and supported by its volunteers, various local businesses in Ohio, various building and land owner's, escort rider's, police officer's, firefighter's, employees, agents, invitees, cities/municipalities, sponsoring businesses and all unrelated companies providing services and all ride volunteers (the "Released Parties") does hereby unconditionally release and hold 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 the Released Parties duties and my participation in the Event. 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 or their duties for the Event whether or not such claims result from the negligence on the part of any or all of the Released Parties with respect to the Event or with respect to the conditions, qualifications, instructions, rules or procedures under which the Event is conducted or from any other cause.

By signing this RELEASE, I certify that I have read this RELEASE and fully understand it. I am not relying on any oral statements or representations of the Released.

DRIVER NAME (Must be 25 Years or Older): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: ( ) \_\_\_\_\_  
Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_