



WAIVER FOR RIDERS

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, 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.

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 DAMAGE TO MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF ACTIONS IN PARTICIPATING, SUPPORTING, PLANNING, ORGANIZING OR CONDUCTING THE EVENT. IT IS MY RESPONSIBILITY TO MAINTAIN A SAFE SPEED AND DISTANCE FROM OTHER PARTICIPATING MOTORCYCLES. I WILL PROCEED WITH CAUTION INTO ALL INTERSECTIONS AND DURING THE EVENT ON ROADS/HIGHWAYS.

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 and I expressly agree to assume all the risk of any accidents or personal injury, including death, which I may sustain to my person and property as a result of my participation in the Event and any negligence on the part of any or all of the Released Parties. I further understand that injury to my person or damage to my property is a reasonably foreseeable and a customary part of the sport of motorcycling and I assume that risk. By signing this waiver I attest that I (RIDER) have a currently active motorcycle endorsement on my driver's license and motorcycle insurance coverage in the event of an accident. I assume all liability for my passenger. I furthermore waive any and all benefits from any Ohio statute or case law that would negate or limit the scope of this release.

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.

RIDER or NAME (Must be 25 Years or Older): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone () _____ E-mail: _____

Emergency Contact Name: _____ Emergency Contact #: () _____

Signature of Participant: _____ Date: _____

PASSENGER NAME (if any): _____

E-mail: _____

Emergency Contact Name: _____ Emergency Contact #: () _____

Signature of Passenger: _____ Date: _____

(or parent signature if passenger is under 18)