

REGISTRATION and WAIVER FORM

THE DASH MEMORIAL MOTORCYCLE RIDE

Proceeds support memorials to be established for the February 2008 tornado victims.

REGISTRATION FEES: \$25.00 PER BIKE

PARTICIPANT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PHONE NUMBERS: (h) _____ (w) _____ (c) _____

Total:

Please enclose check or money order AND SIGNED WAIVER payable to:
The Dash Memorial Motorcycle Ride
PO Box 626
White House, TN 37188.

Fees paid by mail and the registration/waiver form must be postmarked by May 11, 2008.
Registration, waiver and fee payment may be made on the day of the event but if at all possible payment by mail is preferred.

FOR MORE INFORMATION CONTACT SHERRIE AT 615-672-2265 or 615-943-0332.

IN ORDER TO BE REGISTERED YOU MUST SUBMIT THE SIGNED WAIVER FORM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK AGREEMENT

PLEASE READ CAREFULLY!

TO: THE DASH MEMORIAL MOTORCYCLE RIDE AND THEIR MEMBERS, DIRECTORS, AND OFFICERS AND TO THE SPONSORS OF THE DASH MEMORIAL MOTORCYCLE RIDE.

I am aware that riding a motorcycle involves risks, dangers and hazards in addition to those normally associated with the operation of motor vehicles. I acknowledge and accept that THE DASH MEMORIAL MOTORCYCLE RIDE may fail to predict if road conditions and weather conditions are safe for motorcycle riding. I acknowledge and accept that risks, dangers and hazards associated with the THE DASH MEMORIAL MOTORCYCLE RIDE may include, but are not limited to, road conditions, weather conditions, mechanical failure, my failure to drive safely or within the limits of my own ability, and the negligence of other motorcycle or motor vehicle drivers.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH RIDING A MOTORCYCLE AND I FREELY ACCEPT AND ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

In consideration of THE DASH MEMORIAL MOTORCYCLE RIDE allowing me to participate in the THE DASH MEMORIAL MOTORCYCLE RIDE, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. To waive any and all claims that I have or may in the future have against THE DASH MEMORIAL MOTORCYCLE RIDE or the sponsors and their directors, officers, members, employees, and representatives (all of whom are hereinafter collectively referred to as the Releasees.) arising out of any aspect of my participation in the THE DASH MEMORIAL MOTORCYCLE RIDE.
2. To release the Releasees from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer as a result of my participation in the THE DASH MEMORIAL MOTORCYCLE RIDE, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE RELEASEES.
3. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of riding a motorcycle or participation in the THE DASH MEMORIAL MOTORCYCLE RIDE, other than what is set forth in this Agreement.

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Tennessee

I CONFIRM THAT I AM OF THE FULL AGE OF 18 YEARS AND THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVE'S MAY HAVE AGAINST THE RELEASEES.

I understand that photographs will be taken throughout the event and may be used for future advertising. These photographs belong to the XXXXXXXX MOTORCYCLE RALLY.

PARTICIPANT SIGNATURE: _____ PRINTED NAME: _____

Signed this _____ day of _____, 2008.