

MICHAEL L. MAYNE RIDE FOR CHARITY

EVENT WAIVER FORM

ABOUT YOU: Complete this section in its entirety.

Last Name: _____ First Name: _____

Home Address: _____

City/Town: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Home Phone: () ____ - ____ Cell Phone: () ____ - ____

Email Address: _____ PAID: \$ _____ (circle one) Check or Cash

Emergency Contact Name: _____ Phone: () ____ - ____
(This is who we would contact should something happen to you.)

ABOUT YOUR VEHICLE: Complete this section if you will be operating a vehicle in this event. Cross out if you will be a passenger.

Year: _____ Make: _____ Model: _____ Displacement: _____

ABOUT THE LAWYERS: Place an "X" alongside the appropriate statement below. Draw a large "X" through the statement that does NOT apply to you; and sign and date BOTH sections. If you will NOT be operating a motorcycle, put a large "X" through the About Your Vehicle section.

____ "I, the undersigned, certify that the vehicle listed above is legally registered in accordance with state, city, and/or local licensing and registration requirements. I further certify that I carry property and liability insurance for myself, my passengers, and the vehicle which meets at least minimum state, city, and/or local insurance requirements. I also certify that I carry a valid driver's license (with either a Motorcycle endorsement or a valid Motorcyclist Temporary Instruction Permit, if applicable) in accordance with state, city, and/or local laws. I further certify that I have the legal right to utilize the listed vehicle. I accept full responsibility for my safety and conduct, and the safety and conduct of any person who may be participating as my guest or passenger in this event."

____ "I am participating as a passenger of the following participant: _____ who has certified their compliance with requirements of the event via a separate waiver. I will not be operating a vehicle during this event, but am participating in this event as a passenger.

SIGNED: _____ **DATE:** _____
(All participants must signify their understanding and certification of relative section above by signing and dating here.)

"I, the undersigned, agree that the Committee of the MICHAEL L. MAYNE MEMORIAL RIDE FOR CHARITY, shall not be liable or responsible for damage to property or injury to persons including myself during this event, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that participation in this event is voluntary, and is at my own risk. I release and hold the Committee of the MICHAEL L. MAYNE MEMORIAL RIDE FOR CHARITY harmless for any injury loss to my person or property that my result through my participation in this event. I understand that this means that I agree not to sue the Committee of the MICHAEL L. MAYNE MEMORIAL RIDE FOR CHARITY for any injury to myself or my property in connection with this event."

SIGNED: _____ **DATE:** _____
(All participants must signify their understanding and certification of relative section above by signing and dating here.)

Checks payable to: *Michael Mayne Memorial Fund*