

# Release Form

Please read this form carefully and sign.

A separate release & registration form is required for every rider and passenger

I, the undersigned (on my own behalf and on the behalf of my heirs, personal representatives, successors and assign) for and in consideration of the opportunity to participate in the “**Ride for the Wheelchair Games 2009**”, hereby release, forever discharge and hereby hold harmless the organizers and agents (Released Parties) of the ride, specifically including but not limited to the VA Hospital, Bartolotta’s Restaurants, House of Harley-Davidson, Speedway, Paralyzed Veterans Association, Milwaukee County, its elected officials, administrators, employees and agents, from any and all claims, demands, rights, damages, actions, and causes of action or suits of any kind or nature what-so-ever, known or unknown, including actions to recover attorney fees, which in any way may result from, or arise out of , my participation in the tour-ride.

This release extends to any and all claims I have or may have against the Released Parties, even if such claims result from strict liability or negligence on the part of any or all of the Released Parties, concerning the condition ,qualifications, instructions, rules or procedures under which the tour-ride is conducted, or from any other cause. **I understand this means I agree not to sue any or all of the “ Released Parties” for any injury resulting to my property or myself arising from or in connection with the ride.** However, I do not release any Released Party from any intentional misconduct on the Released Party’s part.

I hereby state that I am experienced and familiar with the operations of the motorcycle I will be riding, and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the ride and I expressly agree to assume the entire risk of any accidents, property damage or personal injury, including death, which I might suffer as a result of my participation in the ride. I understand that it is my responsibility to monitor mechanical conditions of the motorcycle and related equipment, the weather conditions, road conditions, the location of other vehicles and other similar conditions to ensure my safety and the safety of others during the tour-ride.

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 of the related parties. I also have read and understood the information listed on the following website regarding group riding: [www.kirkwoodhog.com/RcCorner/GROUP.htm](http://www.kirkwoodhog.com/RcCorner/GROUP.htm)

Signature \_\_\_\_\_

Rider / Passenger: Please complete the following – *all fields are required* (PLEASE PRINT)

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Motorcycle License # \_\_\_\_\_  
(rider only)