

**13th Annual "Ride For Autism"**  
**BENEFIT RIDE**  
**Pre-Registration & Waiver/Release Form**  
**Saturday, August 5, 2017**

Location: Southfield Civic Center (26000 Evergreen Road, Southfield, MI 48076) and points beyond to Biker Bob's Harley Davidson (14100 Telegraph Road, Taylor, MI 48180). The undersigned (on my behalf and on behalf of my heirs, personal representatives, successors, and assign), for and in consideration of the opportunity to participate in a "Ride", "Poker Run", "Rally", "Field Meet", or "Activity", hereinafter, **EVENT(S)** sponsored and/or conducted by Ride For Autism, Southfield Civic Center, UAW Local 245, Troy Design and Manufacturing, 24/7 Bail Bonds, Autism Connections (Judson Center), Macomb County Autism Society of America, Harley Davidson Inc. Harley Davidson Motor Company, the Harley Owners Group, authorized Harley-Davidson Dealer(s) including Motown Harley-Davidson Inc. DBA Biker Bob's Harley-Davidson and/or local H.O.G. chartered chapter(s), and their respective officers, directors, employees, sponsors, and agents (hereinafter, the **"RELEASED PARTIES"**) release and holds 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 their chapter duties and my participation in any said **EVENT(S)**.

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 of their chapter duties, whether or not such claims result from negligence on the part of any or all of the **"RELEASED PARTIES"**, with respect to the **EVENT(S)** or with respect to the conditions, qualifications, instructions, rules or procedure under which the **EVENT(S)** are 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 MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING, OR CONDUCTING THE **EVENT(S)**.

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(S)** and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participating in the **EVENT(S)**, and any negligence which I might sustain to my person and property as a result of my participating in the **EVENT(S)**, and any negligence (except willful neglect) on the part of any or all of the **"RELEASED PARTIES"** in performing their chapter duties.

**WAIVER OF RIGHTS UNDER STATE STATUES**

I further agree to waive all benefits flowing from any state statute, which negate or limit the scope of the release and identification Agreement, including but not limited to Section 1542 of the California Civil Code which provides:

"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing this release, which if known to him must have materially affected his settlement with the debtor."

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 made by the **"RELEASED PARTIES"**.

**THIS IS A RELEASE – READ BEFORE SIGNING**

X \_\_\_\_\_

**RIDER/INDEMNITY**

**(OVER)**

**PLEASE PRINT CLEARLY**

**RIDER**

\$30.00 for Rider (Must be an Adult)

Print Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

EMAIL: \_\_\_\_\_

**EVENT SHIRT: Circle One Style & Size**

**Style:** T-Shirt (S-4XL) or Ladies Tank Top (MED-XL)

**SIZE:** S – M – L – XL – 2XL – 3XL – 4XL

**PASSENGER**

\$20.00 for passenger (Minors need separate release)

Print Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

EMAIL: \_\_\_\_\_

**EVENT SHIRT: Circle One Style & Size**

**STYLE:** T-Shirt (S- 4XL) or Ladies Tank Top (MED – XL)

**SIZE:** S – M – L – XL – 2XL – 3XL – 4XL

Signature of Parent or Guardian for Underage Participant(s) \_\_\_\_\_

**RIDER & PASSENGER are REQUIRED TO WEAR HELMET IN THIS EVENT**

**Make checks out payable to Ride For Autism**

**Mail completed form with payment to:**

**Ride For Autism**

**P.O. Box 916**

**Walled Lake, MI 48390**