EVERETT EAGLE RIDERS

Great NW Motorcycle Rodeo

PARTICIPANT INFORMATION AND RELEASE FORM FOR JULY 19 & 20, 2014 EVENT
GATES OPEN AT 8 AM AND EVENTS START AT 10 AM

Name(s):_____

Address:_____City:_____State/ Zip:_____

Phone:_____Email:_____

DL #: _____ Issuing State: _____ Insurance Carrier & Policy #_____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

IN CONSIDERATION OF PARTICIPATION IN ANY **Great NW Motorcycle Rodeo** ride or event, I represent that I understand the nature of motorcycle ride/events and that I am qualified, in good health, in proper physical condition and adequately trained and licensed to participate in this type of event. I attest and verify that my motorcycle/vehicle is in proper, safe working condition. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in such Activity. I understand and agree to cooperate with the event organizers, ride captains, stated safety protocol and if I fail to comply, will be dismissed from the event/ride without refund and/or compensation.

I hereby acknowledge that I have sole responsibility for my personal possessions and equipment during all events/rides or related activities. I hereby grant to any and all of the foregoing the use of any photographs, videotape or any such record of this event for any purposes whatsoever including broadcasts, telecasts, internet or social media as they pertain to this ministry or event.

I fully understand that motorcycle ride events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place or the negligence of the "releases" named below, and that there may be other risks either not known to me or not readily foreseeable at this time. And I fully accept and assume all such risks and all responsibility for any losses, liability, costs, damages I incur as a result of my participation in the Activity/Event/Ride.

I hereby release, discharge and covenant not to sue or seek legal litigation, arbitration or compensation for any damages against **Great NW Motorcycle Rodeo,** its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations, and I further agree that if despite this release , waiver of liability, and assumption of risk, I or anyone on my and/or my minor child's behalf, makes a claim against any of the RELEASEES, I will indemnify, save and hold harmless each and all of the RELEASEES from any loss, liability, damage or cost which may incur as the result of such claim.

I hereby consent to receive medical treatment which may be deemed necessary in the event of an accident or medical emergency during this Activity/Event/Ride and understand that I am solely responsible for all costs related to medical treatment, medical transportation and/or evacuation.

I have read this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this AGREEMENT is held to be invalid, the balance, notwithstanding, shall continue in force and effect. I represent that I rely wholly on my own judgment in executing this form, that I have had the opportunity to consult with anyone or counsel of my choice before doing so, and I freely consent to each of the provisions herein.

I FURTHER FULLY UNDERSTAND THAT THERE IS NO RIDER, PARTICIPANT OR PASSENGER INSURANCE PROVIDED FOR THIS RIDE/EVENT/ACTIVITY, THUS I AM RESPONSIBLE FOR MY/OUR OWN ACCIDENT INSURANCE. *INITITAL*_____

THIS CONTRACT AND ALL RIGHTS, RESTRICTIONS, COVENANTS AND INDEMNITIES SHALL BE IN FORCE FOR THE PERIOD OF ONE YEAR FROM THE TIME OF ACCEPTANCE AND CONSENT BY SIGNATURE.

_____ _____ _____

Printed Name of Participant **Signature of Participant** **Date**

Event Entry Fee: $15.00pp Motorcycle Participant Fee: $10.00pp = TOTAL $_____Make Check payable to: Everett Eagle Riders.
Send all forms and fees to: Everett Eagle Riders C/O Janene Deane 1216 Broadway Everett, WA 98201 ***All payments non-refundable.***
Early entry by June 25th, 2014 qualifies you to receive an event patch FREE!

OFFICIAL USE ONLY

Fee(s) Attached ( ) All paperwork filled out ( ) One Rider ( ) Two Riders ( ) Initials _____