

Registration Form and Ride Information

Please fill out completely and legibly and bring with you the day of the ride.

Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Rider Passenger Minor

I, the undersigned, desire to participate in the Bike 2 the Future motorcycle event (hereinafter "Activity"). I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in any transportation to and from the Activity, which dangers include but are not limited to injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability, and which also could include serious or even mortal injuries and property damage (referred to as the "dangers and risks"). I further attest that I have fully considered the aforementioned dangers and risks, and relying on my own judgment, I have voluntarily chosen to participate and assume all such dangers and risks surrounding my participation in the Activity.

The undersigned hereby waives, releases, indemnifies and holds harmless, to the fullest extent permitted by law, Big Brothers Big Sisters, its agents, representatives and volunteers, from and against any and all claims, actions, losses for bodily injury, property damage, wrongful death, loss of services, other damages and attorney's fees and costs related thereto arising out of or in anyway relating to the undersigned's participation in "Bike 2 the Future." **MINORS UNDER THE AGE OF 18** must have a parents or legal guardian present to sign a written waiver for each minor. Minors may participate as passengers only, not as riders.

Name (printed in ink)

Sign and Date

MY PLEDGE FORM

Bring this completed form, with pledge money, to the ride.

MY NAME _____

Address _____ APT# _____

City _____ State _____ Zip _____

Phone _____

My Personal Contribution \$ _____

First _____ Last _____

Address _____ APT# _____

City _____ State _____ Zip _____

Phone _____ Paid

\$15 \$20 \$25 \$50 \$100 \$ _____

First _____ Last _____

Address _____ APT# _____

City _____ State _____ Zip _____

Phone _____ Paid

\$15 \$20 \$25 \$50 \$100 \$ _____

First _____ Last _____

Address _____ APT# _____

City _____ State _____ Zip _____

Phone _____ Paid

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