

Registration Form

Please Print Clearly

Rider Name: _____

Passenger Name: _____

Rider Address: _____

City: _____ State: _____ Zip: _____

Passenger Address (if different): _____

City: _____ State: _____ Zip: _____

Rider Phone: _____

Passenger Phone: _____

Emergency Contact Name, Number and Relationship to Rider:

Rider T-Shirt: S M L XL XXL XXXL (\$12)

Passenger T-Shirt: S M L XL XXL XXXL (\$12)

Registration Fee: Rider \$25 Passenger \$10 Passenger T-Shirt \$10

Checks should be made out to United Hospice Foundation.

Pre-registration includes ride, rider t-shirt, and after ride refreshments.

Complete form and mail to: United Hospice Foundation/Motorcycle
1626 Jeurgens Court
Norcross, GA 30093

PLEASE MAIL BY JULY 15, 2009 to receive T-shirt on day of event.

Non-refundable registration: there is no such thing as bad weather, just improper attire!

Waiver and Release of Liability Agreement

First and foremost, I understand that operating a motorcycle is an activity that contains considerable risk of serious personal injury, property damage or loss or death. I hereby acknowledge knowingly and freely accept the risks of all personal injury, property damage arising from my participation in the Camp Cocoon Ride for the Kids. I hereby agree that I, my dependents, heirs, successors, executors do release and hold harmless against and indemnify Unite Hospice Foundation and any and all of its affiliates from any and all claims arising from or related to the Camp Cocoon Ride for the Kids.

I agree to ride within my riding ability and agree to not be influenced by any group or pack mentality to ride faster than is within my ability or the limits of what is considered safe riding conditions. I fully understand that I may encounter riding conditions and roads that I have not traveled before and will therefore ride within a manner that is considered safe for those riding conditions.

In addition, by payment of the registration and my signature on this form, I certify that I do not have any physical or mental condition or disability that would create a hazard for me or my fellow ride participants. I certify that I am over 21 years of age and am in possession of a valid motorcycle operator's permit endorsement on my valid driver's license.

I, the ride participant, be it motorcycle operator or passenger, have read this Waiver and Release Agreement and will abide by all terms as stated herein. I hereby agree this waiver or release shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs, and next of kin without limitation.

I have read and understand the terms of the waiver and release of responsibility I am about to sign and further understand that the United Hospice Foundation cannot accept any Ride participant, be it operator or passenger, with a duly signed waiver and release form. I understand that I have given up substantial rights by signing this form and have signed it freely and voluntarily without any inducement or guarantee being made to me.

Signature of Rider

Date

Signature of Passenger

Date

