

**MOTORCYCLE RIDE RELEASE FORM**

THE UNDERSIGNED (ON MY OWN BEHALF AND ON THE BEHALF OF MY HEIRS, PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS) , FOR AND IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE "4<sup>TH</sup> ANNUAL COMPASSION RUN " , HEREBY RELEASE THE " 4<sup>TH</sup> ANNUAL COMPASSION RUN" , ITS ORGANIZERS, MEMBERS, AND OTHER PARTICIPANTS ON THIS MOTORCYCLE RIDE FROM ANY AND ALL CLAIMS AND DEMANDS, RIGHTS AND CAUSES OF ACTION OF ANY KIND WHATSOEVER WHICH I NOW HAVE OR LATER MAY HAVE RESULTING FROM, ARISING OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THIS RIDE.

THIS RELEASE EXTENDS TO ANY AND ALL CLAIMS I HAVE OR MAY HAVE AGAINST THE RELEASED PARTIES WHETHER SUCH CLAIMS RESULT FROM NEGLIGENCE (EXCEPT WILLFUL NEGLECT) ON THE PART OF ANY OR ALL RELEASED PARTIES WITH RESPECT TO THIS EVENT, OF WITH RESPECT TO THE CONDITIONS, QUALIFICATIONS, INSTRUCTIONS OR PROCEDURES UNDER WHICH THIS EVENT IS CONDUCTED OR FROM ANY INJURIES RESULTING TO MY PROPERTY OR MYSELF DURING OR IN CONNECTION WITH THIS EVENT.

I AM EXPERIENCED & FAMILIAR WITH THE OPERATION OF MOTORCYCLES AND FULLY UNDERSTAND THE RISKS AND DANGERS INHERENT TO MOTORCYCLING. I AM VOLUNTARILY PARTICIPATED IN THE EVENT AND I EXPRESSLY AGREE TO ASSUME THE ENTIRE RISK OF ANY ACCIDENTS OR PERSONAL INJURY INCLUDING DEATH, WHICH I MIGHT SUFFER AS A RESULT OF MY PARTICIPATION IN THE EVENT WHETHER SUCH RISKS RESULT FROM NEGLIGENCE (EXCEPT WILLFUL NEGLIGENCE) ON THE PART OF ANY OR ALL OF THE RELEASED PARTIES.

THE UNDERSIGNED ACKNOWLEDGES THAT THERE WILL BE NO ALCOHOLIC BEVERAGES SERVED AT THE RIDE DESTINATION, "EVANGEL TEMPLE 3800 BARNETT RD WICHITA FALLS, TX 76310) AND ANY CONSUMPTION OF ALCOHOLIC BEVERAGES WILL BE AT THE WILL OF THE UNDERSIGNED. THE RELEASED PARTIES STRONGLY ADVISE THE UNDERSIGNED NOT TO DRINK ALCOHOLIC BEVERAGES BEFORE OR DURING THIS EVENT, AND THAT IF THE UNDERSIGNED FEELS THAT **HE/SHE** IS THE SLIGHTEST BIT IMPAIRED, THAT THEY NOT PARTICIPATE IN THE RIDE. THE UNDERSIGNED ACKNOWLEDGES THE RELEASED PARTIES HAVE EXPRESSLY INFORMED **HIM/HER** OF THE DANGERS OF DRINKING & DRIVING.

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

**BY SIGNING THIS RELEASE, I CERTIFY THAT I HAVE READ THIS RELEASE AND FULLY UNDERSTAND IT AND I AM NOT RELYING ON ANY STATEMENT OR REPRESENTATION OF ANYONE THEREBY AND DO CLAIM THAT I HAVE MOTORCYCLE INSURANCE AND A VALID DRIVER'S LICENSE WITH A MOTORCYCLE ENDORSEMENT.**

RIDER DATE _____	PASSENGER/2 <sup>ND</sup> RIDER DATE _____
SIGNATURE _____	SIGNATURE _____
PRINT NAME _____	PRINT NAME _____
PHONE _____	PHONE _____
ADDRESS _____	ADDRESS _____
CITY/ST/ZIP _____	CITY/ST/ZIP _____
OPTIONAL: EMAIL: _____	EMAIL _____

PRE-REGISTRATION:

NOW - MARCH 15, 2009

RIDER \$20/ PASSENGER \$10

RIDER \$ \_\_\_\_\_

PASSENGER \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO:  
**COMPASSION RUN**

MAIL TO:  
**5418 FLO DR  
WICHITA FALLS, TEXAS 76302**