

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any way in the “**Annual Ant Hill Mob Chapter 1 Motorcycle Charity Ride**” (Sponsored by the Ant Hill Mob Chapter 1, New London, WI) I, for myself and/or minor child, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in this activity.** I further acknowledge that the activity will be conducted over public roads and facilities open to the public during the activity and upon which the hazards of traffic are to be expected. I further agree and warrant that if, I and/or my minor child believe event conditions to be unsafe, I and/or my minor child will immediately discontinue further participation in the activity. I further agree if my actions or conduct is deemed by the event coordinators to be unsafe or disruptive, and I am asked to discontinue further participation in the activity, I will immediately leave, forfeiting any entrance fees or donations.

- 2. FULLY UNDERSTAND that: (a) THE ACTIVITY INVOLVES RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“RISKS”); (b) these risks and dangers may be caused by my own and/or my minor child’s actions or inactions, the actions or inactions of other activity participants, the conditions in which the activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY OF LOSSES, COSTS, AND DAMAGES I incur as a result of my participation and/or that of my minor child in the activity.**

- 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE** Ant Hill Mob Chapter 1, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, 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 THAT I AND/OR MY MINOR CHILD SUFFER WHICH ARE 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 AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT 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 OF THE “RELEASEES”** from any litigation expenses, attorney fees, loss, liability, damage, or cost any may incur as a result of such claims.

*****I HAVE READ THIS, “RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT (“agreement”)”, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE 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, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT (“AGREEMENT”)

I have been given a copy of the, “The Release and Waiver Of Liability, Assumption of Risk and Indemnity, and Parental Consent Agreement (Agreement)”, for me and/or my minor child to participate in the [“Annual Ant Hill Mob Chapter 1 Motorcycle Charity Ride”](#)

Please Initial here _____ and fill out the information below.

TODAY’S DATE

PRINT NAME OF PARTICIPANT

PRINT NAME OF PASSENGER

SIGNATURE OF PARTICIPANT (if age 18+)

SIGNATURE OF PASSENGER (if age 18+)

SIGNATURE OF PARENT OR LEGAL GUARDIAN (if under age 18)

ADDRESS

CITY

STATE

ZIP CODE

FOR MARKETING RESEARCH PLEASE LET US KNOW WHERE YOU HEARD ABOUT OUR CHARITY RIDE. THANK YOU FOR YOUR SUPPORT!!!!!!!
