



BIKERS FOR BOOBS

1st Annual Breast Cancer Ride Registration and Release Form

Location Start: Cox's Harley-Davidson 2795 NC Hwy 134 Asheboro, NC 27205 (336-625-629-2415)
Date: Saturday September 25, 2010 **Time:** Registration 9:00 am – 10:15 am

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in a "Ride" (hereinafter referred to as event sponsored by "Cox's Harley-Davidson and Bikers for Boobs", herein referred to as Released Parties) releases and holds harmless "Released Parties" from any and all claims, and demands, rights and causes of any action of any kind whatsoever which I now have against the "Released Parties" in any way resulting from and / or arising out of in connection with the performance of their association duties and my participation in any said event.

This release extends to any and all claims I have or later may have against the "Released Parties" resulting from or arising out of their performance of their association duties whether or not such claims result from negligence (except willful neglect) on the part of any or all of the "Released Parties" with respect to the event or with respect to the conditions, qualification, instructions, rules or procedures under which the event is conducted or from any other cause. I UNDERSTAND THAT THAT MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" OF THE EVENT FOR ANY INJURY RESULTING TO MYSELF, MY PASSENGER OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR ASSOCIATION DUTIES IN SPONSORING, PLANNING OR CONDUCTING THE EVENTS.

I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am **voluntarily** participating in the event and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the event, and any negligence (except willful neglect) on the part of any or all of the sponsors in performing their association duties.

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this release and Indemnification Agreement.

By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the "RELEASED PARTIES."

THIS IS A RELEASE – READ BEFORE SIGNING

-Rider-

-Passenger-

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date: _____

Date: _____