

MOTORCYCLE RIDE WAIVER RELEASE & CONSENT

SAFETY IS THE PRIMARY CONCERN OF THE NORTH TOWNSHIP, PLEASE OBSERVE ALL FEDERAL, STATE AND LOCAL LAWS, AND RIDE SAFELY AND DEFENSIVELY. PLEASE RIDE WITH YOUR HEADLIGHTS ON AT ALL TIMES AND NEVER RIDE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

Name of Event: 18th Anniversary Victory for Veterans Ride

Date: Sunday, September 24, 2017

Location: Wicker Memorial Park
Routes 41 & 6
Highland, Indiana

*** Please make checks payable to: Wicker Memorial Park Fund ***

In consideration of North Township of Lake County, Indiana permitting (me) (my child, who is under the age of 18) to participate in the above-named event, I hereby, and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that** (I) (my child) may have against, North Township, The North Township Trustee, its officers, employees, agents, assignees, licenses, volunteers, and any cooperating entities, including, but not limited to the American Veterans Motorcycle Riders Association (AVMRA), their representatives, members, heirs, executors, administrators, successors, and assigns, (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event of any activities connected with the event.

(I AM) (MY CHILD IS) EXPERIENCED IN AND FAMILIAR WITH THE OPERATION OF MOTORCYCLES AND FULLY UNDERSTAND(S) THE RISKS AND DANGERS INHERENT IN MOTORCYCLING. (I am) (My child is) voluntarily participating in the event and I expressly agree to assume sole responsibility for the safe and successful operation of my motorcycle, and to accept the entire risk of any accidents or personal injury, including death, which (I) (my child) might suffer as a result of my participation in the event. I further understand that (I) (My child) assume(s) all risks in participating in the event.

Consent also is hereby given to use (my) (my child's) name, picture, portrait, likeness, writings, or biographical information, and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my child) in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and/or for any other purpose in furtherance of the public charitable activities of the Township.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any of the Released Parties. This document shall be binding upon me, my (my child's) heirs, executors, administrators and assigns (and all legal guardians of my child).

RIDER

PASSENGER

PRINT NAME OF RIDER

PRINT NAME OF PASSENGER

SIGNATURE OF RIDER

DATE

SIGNATURE OF PASSENGER

HOME ADDRESS, CITY, STATE & ZIP CODE

HOME ADDRESS, CITY, STATE & ZIP CODE

EMAIL ADDRESS

Signature of Parent/Legal Guardian if Passenger is under (18)*

* I affirm that I am the parent/legal guardian of the above-named rider/passenger and that I have full authority to authorize his/her participation in the above referenced Township event.