

MOTORCYCLE RIDE WAIVER RELEASE & CONSENT

Easton Volunteer Emergency Medical Service Charity Motorcycle Ride

Safety is our primary concern. Please observe all federal, state and local laws, and ride safely and defensively. We request that you and your passenger wear a helmet, appropriate clothing and eyewear. If you and/or your passenger choose to ride without a helmet, you do so at your own risk. Please ride with your headlight on at all times and never ride under the influence of alcohol or drugs.

In consideration of my participation in the above named event, I HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, ROUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that (I) may have against the above party, officers, employees, volunteers and any cooperating entities, their representatives, 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) may suffer while taking part in the event or any activities connected with the event.

I UNDERSTAND, THAT BY SIGNING THIS DOCUMENT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event.

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 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 might suffer as a result of my participation in the event. I further understand and I assume all risks in participating in the event.

The activities of this event may be videotaped. As the undersigned, I agree that my likeness may be used in promotional materials and will hold harmless the "Released Parties" and agree that no monetary or any other consideration will be given for their use.

By signing this document, I certify that I have read this document, fully understand it and that I am not relying on any statement or representations of any of the Released Parties. This document shall be binding upon my heirs, executors, administrators, assigns and me.

RIDER NAME _____ PASSENGER NAME _____

Home Address _____ Home Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone++++ _____

Email _____ Email _____

Signature (REQUIRED) Signature of Parent/Guardian (if Applicable) Required if passenger is under 18 years of age* * I affirm that I am the Parent/Legal Guardian of the above named person and that I have full authority to authorize his/her participation in the above referenced event.