

SIGN UP SHEET & WAIVER

Every Participant (Motorcycle Rider Or Passenger) MUST Complete A Separate Sheet

Name of Event: Ride Strive & Roll

Date: April 6, 2008

Starting Location: Sweetwater Harley-Davidson

3201 Hoover Ave

National City, CA 91950

PARTICIPANT IDENTIFICATION NO.

\$25

Per Ride



2008

Participant's First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Ext: _____

Business Telephone: _____ Ext: _____

Drivers License Number: _____ E-mail: _____

WAIVER

This Is A Release And Indemnity Agreement Read It Before Signing

Safety is the primary concern of the Cal-Diego Paralyzed Veterans Association (PVA). Please observe all federal, state and local laws and ride safety and defensively. The Cal-Diego PVA requests that you wear a helmet, appropriate clothing and eye wear and that your passenger dose also. 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 the Cal-Diego PVA permitting (me/my child under the age of 18) To participate in the above named event, I hereby, and for (my) (my child's) heirs, executors, administration, 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 the Cal-Diego PVA, its directors, officers, employees, agents, chapters, assignees, licenses, volunteers and any above-named and any other 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) (my child) might suffer while taking part in the event or any activities connected with the event. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection 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 MOROTCYCLING. (I am) (my child) voluntarily participating in the event an I expressly agree to assume sole responsibility for the safe and successful operation of my motorcycle, and to accept the entire risk of any accident 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 purposes in furtherance of the corporate purposes and objectives of RSR and the Cal-Diego PVA.

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 representatives 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).

Signature of Participant Date

Signature of Parent or Guardian (if rider is under 18)* Date

*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 RSR event.

DONATION TOTALS

CREDIT CARD INFORMATION

CREDIT CARD NUMBER

EXPIRATION DATE

3 OR 4 DIGIT SECURITY CODE

DONATIONS

CREDIT CARD (Visa/Mastercard)

CASH

CHECK

Authorizer Initial/Date

TOTAL DONATION