



Ride for Life of Grant County
Benefiting the Hoosier Burn Camp
Saturday, July 18, 2009
Gas City, IN



Registration Form

Drivers Name: _____

Passenger Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Motorcycle Year: _____ Make: _____ Model: _____

**ALL REGISTRANTS (DRIVERS AND PASSENGERS) MUST SIGN THE FOLLOWING
RELEASE OF LIABILITY FORM. IF DO NOT SIGN YOU WILL NOT BE ABLE TO
PARTICIPATE! THIS IS A RELEASE AND INDEMNITY AGREEMENT-
PLEASE READ BEFORE YOU SIGN!**

I hereby give all my rights to sue or make any claim whatsoever against Grant County Ride for Life, the promoters, sponsors, and all other volunteers, agents, coordinators, participants or organizations conducting or connected with this event for any injury to property or person I may suffer, including crippling injury or death, whether such injury arises while I am preparing for or participating in the event, or while I am upon the event premises. I know the risks to myself and my property while participating in the event and while upon the event premises and relying upon my own judgment and ability assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

Drivers Signature: _____ Date: _____

Passenger Signature: (or parent of minor) _____ Date: _____

Age of Minor: _____

Checks payable to: Hoosier Burn Camp

Total Registration Fee: _____ Check: _____ Cash _____