



2010 USO Ride for Freedom Pre-Registration Form

Please complete 1 form per motorcycle

Ride Participants (Please Print):

Rider Name: _____

Passenger Name: _____

Address 1: _____

Address 2: _____

City: _____

State / Zip: _____

E-Mail Address: _____

Phone: _____

Shirt Size: _____ S, M, L, XL, XXL (2X), XXXL (3X)

Amount: \$ 35.00 per bike

Check: _____ Cash: _____

Mail this form, ride release and check to:

Earl Small's Harley-Davidson
Attn: Jamie Landers
993 S. Cobb Drive
Marietta, GA 30060



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993 S. Cobb Drive
Marietta, GA 30060

10th Anniversary Ride for Freedom benefiting the USO
Sunday October 24th 2010
Ride Registration and Waiver

Entry fee: \$35.00 per Bike

Every participant (Motorcycle Rider and Passenger) **MUST** complete this form

NAME: _____

PASSENGER'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAYTIME PHONE: _____ - _____ - _____

EVENING PHONE: _____ - _____ - _____

DRIVER'S LICENSE #: _____ **STATE:** _____

E-MAIL ADDRESS: _____

THIS IS A RELEASE AND INDEMNITY AGREEMENT-READ BEFORE SIGNING

Safety is a concern of "Earl Small's Harley-Davidson a CWE Enterprise Company, Marietta HOG, the USO and Cobb County Police Dept. Please observe all federal, state and local laws and ride safely and defensively. The above named entities request that appropriate riding gear be worn (i.e.: helmet, eyewear, clothing, etc.). Headlight must be on at all times and never ride under the influence of drugs or alcohol.

In permitting (me/child under 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 the above named entities, directors, officers, employees, agents, chapters, assignees, licensees, volunteers and any other cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns("the RELEASED PARTIES") arising out of resulting from any and all injuries or damages of any nature, including death, which I/my child may suffer while taking part in this event. I UNDERSTAND THAT THIS MEANS I AGREE NOT TO SUE any and all of the Released Parties in connection with this event.

I/My CHILD HAVING EXPERIENCE WITH THE OPERATION OF A MOTORCYCLE AND FULLY UNDERSTAND THE RISKS INVOLVED are voluntarily participating in the event and expressly agree to assume sole responsibility and accept the entire risk of any accident or personal injury, including death which I/my child might suffer. I/my child further understand and assume any and all risks in participation.

By signing this document, I certify that I have read and fully understand this document and assume all responsibility and that this document shall be binding upon me/my child's heirs, executors, administrators and assigns and all legal guardians of my child.

SIGNATURE OF PARTICIPANT _____ **DATE** _____

SIGNATURE OF PASSENGER _____ **DATE** _____
 (Legal Guardian if Under 18)