6th Annual Greg Surles Memorial Scholarship Ride

Saturday, May 17, 2014

Event Registration Information

REGISTRATION FEE:………………………………………….$30.00

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION PASSANGER………………………..NO CHARGE

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION FEE TOTAL……………………………………30.00

PLEASE **READ** AND **SIGN** RELEASE FORM (RIDER & PASSENGER)

**ENJOY YOURSELF, RIDE SAFE AND HAVE A GREAT TIME!**

**EVENT RELEASE FORM**

**Name & Location of Event: The Greg Surles Memorial Scholarship Ride, Pell City Police Department**

**May 17, 2014**

The undersigned (on my behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in this Ride, hereinafter, Event, hosted and conducted by the Family of Greg Surles and their respective officers and agents hereinafter Released Parties, releases and hold harmless the released parties from any and all claims, demands, rights, and causes of action of any kind whatsoever which I now have or later may have against the released parties in any way resulting from, arising out of, or in connection with the performance of their duties and participation in any said event.

This release extends to and all claims I have later may have against the released parties resulting from or arising out of their performance of their duties whether or not such claims results from negligence (except willful neglect) on the part of any or all of the released parties with respect to the event or with respect to the conditions, qualifications, instructions, rules or procedures under which the event is conducted of from any other cause, **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO BRING ITIGATION ON ANY OR ALL OF THE RELEASED PARTIES FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN HOSTING, PLANNING OR CONDUCTING 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 to assume the entire risk of any accident a=or personal injury, including death, which I might sustain to my person and property as a result of my participation in the event, and any negligence (except willful neglect) on the part of any or all of the released parties in performing their duties.

**WAIVER AND RIGHTS UNDER STATE STATUTES**

I further agree to waive all benefits flowing from any state statute which would neglect or limit the scope of this release and Indemnification Agreement, including but not limited to the ALABAMA CIVIL CODE which provides “A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing this release, which if known to him/her must materially affected his settlement with the debtor.”

By signing this release, I certify that I have read this release and fully understand it and that I am not relying on any statements of representations may by the released parties.

**THIS IS A RELEAST, PLEASE READ BEFORE SIGNING**

Rider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Passenger Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_