

## United Riders Riding Clue Liability Release Form

RIDER N	AME:		DATE OF BIRTH:	
PASSENGER NAME:			DATE OF BIRTH:	
ADDRES	S:			
HOME PHONE:		CELL P	PHONE:	
Emergenc	y Contact Name:	<del></del>		
EVENT:_				_
	TH	IS IS A RELEASE, PLEASE REAI	D BEFORE SIGNING	
motorcycle v activities, as injury, death HARMLESS officers, emp (including in whether caus	with which I am participal well as any use and oper and property damage. It is, AND DISCHARGE Uployees, agents, represent jury to persons or properted by negligence or grost cept these risks and furt possess the standard of and am physically and have thoroughly inspeand that such motorcywill comply with all the transportation relative municipal laws in effective a valid driver's line have a current and valid	cense, including all necessary motorcycle id state registration for the motorcycle; an ce to cover any injury or damage that I an	by acknowledge that participation rous activity and the risk of serious lutely RELEASE, WAIVE, IND.  Parties") from any and all claims, of whatsoever kind or nature, at therwise. I  e a motorcycle and/or participate earticipate with distributed for such purposes; the Department of Public Safety a and adhere to applicable federal, endorsements; and	on in the us DEMNIFY, HOLD us, expenses, damages rising from participation and/or state, county and
		es that I have carefully read the above agre d voluntarily giving up substantial rights a		
	igreement I am freely and	a voluntarny giving up substantiai rights a	and assuming the risk of injury, d	cam or property damage.
Rider: Signature:		Printed Name:		Date:
			•	
Passenger:				
Signature:		Printed Name:		Date:

(Guardian must sign if under the participant(s) are under eighteen years of age)