

**REGISTRATION AND RELEASE OF LIABILITY FOR THE
9th ANNUAL BIKERS FOR BOOBEES EVENT RIDE
SATURDAY, SEPTEMBER 16, 2017**

I, _____ (Print Name), on my own behalf and on behalf of my heirs, personal representatives, successors and assigns, for and in consideration of the opportunity to participate in the Motorcycle Event ride known as the "Ninth Annual Bikers for BooBees" (hereinafter the "Event Ride"), being held on September 16, 2017 and sponsored by Bikers for BooBees, Inc., state as follows:

I hereby release and forever discharge Bikers for BooBees, Inc. and any and all organizers and contributors to and volunteers for the Event, including but not limited to any and all host or corporate sponsors of the Ninth Annual Bikers for BooBees; any and all law enforcement agencies, including but not limited to the cities and counties of Allen, McKinney, and Princeton as well as the Collin County Sheriff's Department, their officers, directors, employees and agents; any and all municipalities, including but not limited to the Cities of Allen, McKinney, and Princeton, Texas, their officers, directors, employees, and agents; North Texas Motorcycle Safety Course, their officers, directors, employees; and Susan G. Komen for the Cure and the National Philanthropic Trust Breast Cancer Fund, its officers, directors, employees and agents (hereinafter the "Released Parties") from any and all claims, demands, rights and causes of action of any kind whatsoever, whether known or unknown, which I now have or later may have against the Released Parties in any way resulting from, arising out of, or connected in any way to my participation in the Event Ride being held September 16, 2017 and sponsored by Bikers for BooBees, Inc.

I acknowledge and agree that I have read and fully understand the above. _____ (Please initial)

This Release extends to any and all claims I now have or may have against the Released Parties, even if such claims result from strict liability or negligence on the part of any or all of the Released Parties, if it concerns the design, manufacture, repair or maintenance of the motorcycle(s) involved in the Event Ride, or if it concerns the conditions, qualifications, instructions, rules or procedures under which the Event Ride is conducted, or from any other cause. However, I am not releasing any released party from any intentional misconduct.

I acknowledge and agree that I have read and fully understand the above. _____ (Please initial)

I hereby state that I am a licensed motorcycle operator, that I am experienced in and familiar with the operation of various motorcycles, that I am familiar with the rules of the road, as applicable to motorcycles, and that I fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the Event Ride and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might suffer or which I might cause as a result of my participation in the Event Ride. I agree that I am participating in the Event Ride knowing the existing weather conditions, the existing road conditions and the condition of the motorcycle I will be operating in the Event Ride. In addition, I certify that I have no known physical or mental impairment that may affect my safety or the safety of others. I understand that the choice of wearing a helmet or other protective gear is solely my own and that I am responsible for my compliance with all state laws, including those regarding helmets. I certify that I am not under the influence of any narcotic, alcohol or other drug and/or medication that may impair my understanding or judgment and that I will not, at any time during the Event, operate my motorcycle under the influence of any narcotic, alcohol or any drug and/or medication.

I acknowledge and agree that I have read and fully understand the above. _____ (Please initial)

BY SIGNING THIS RELEASE, I HEREBY ACKNOWLEDGE AND AGREE THAT I HAVE FULLY READ THIS RELEASE AND FULLY UNDERSTAND IT, THAT I AM VOLUNTARILY GIVING UP CERTAIN LEGAL RIGHTS AND THAT I AM NOT RELYING ON ANY STATEMENTS OR REPRESENTATIONS OF ANY OTHER PERSON BEFORE SIGNING THIS RELEASE. I FURTHER AGREE THAT I AM SIGNING THIS RELEASE OF MY OWN FREE WILL AND NOT UNDER ANY DURESS.

Operator Signature

Passenger Signature

Print Name – **Operator**: _____ Date: _____
Street Address: _____
City/State/Zip: _____ Phone No.: _____
E-Mail: _____ Driver’s License #: _____
Print Name – **Passenger**: _____ Date: _____
Street Address: _____
City/State/Zip: _____ Phone No.: _____
E-Mail: _____

Breast Cancer Survivor?: _____

MOTORCYCLE INFORMATION

Year: _____ Make: _____ Model: _____
Color: _____ License Plate No.: _____

PAYMENT

1 RIDER \$25 _____ (T-SHIRT SIZE _____) OR 1 RIDER AND 1 PASSENGER \$35 _____ (T-SHIRT SIZE _____)
IF PAYING BY MAIL: MAKE YOUR CHECK PAYABLE TO “SUSAN G. KOMEN 3-DAY FOR THE CURE” AND MAIL TO SHARON ALEXANDER, 1315 ALTO DR., RICHARDSON, TX. 75081, ALONG WITH YOUR REGISTRATION FORM.
IF PAYING BY CREDIT CARD GO TO <http://www.the3day.org/goto/sharonalexander2017> AND CLICK ON “DONATE NOW” or <http://www.the3day.org/goto/ronnyvann2017> AND CLICK ON “DONATE NOW.” YOU MAY ALSO E-MAIL YOUR REGISTRATION FORM TO BIKERSFORBOOBEEES@YAHOO.COM BY WAY OF THE “**SUBMIT**” BUTTON BELOW OR VIA FAX (214- 855-8200) TO THE ATTENTION OF SHARON ALEXANDER. YOU MAY ALSO REGISTER AND MAKE PAYMENT ON THE DAY OF THE RIDE, SEPTEMBER 16, 2017.

The following information is VOLUNTARY and is used for emergency purposes only

Emergency Contact Person: _____
Relation: _____ Phone (cell): _____ (work): _____
Health Insurance Carrier (Rider): _____ Policy #: _____
Health Insurance Carrier (Passenger): _____ Policy #: _____
Please list any allergies, medicines taken regularly or medical conditions: _____

ONCE YOUR FORM IS COMPLETED PLEASE CLICK THE SUBMIT BUTTON BELOW TO E-MAIL THE FORM TO US