

# Registration Form

Print Clearly:

Rider Name \_\_\_\_\_

Passenger Name \_\_\_\_\_

Rider Address \_\_\_\_\_

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

CPD Unit # (if applicable) \_\_\_\_\_

Passenger Address (if different) \_\_\_\_\_

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

Rider Phone \_\_\_\_\_ Passenger Phone \_\_\_\_\_

Rider Email \_\_\_\_\_

Passenger Email \_\_\_\_\_

Please Circle Size

Rider T-shirt:            S            M            L            XL            XXL            XXXL

Passenger T-shirt        S            M            L            XL            XXL            XXXL

**Pre-Registration Fee:**            **Rider \$30.00**            **Passenger \$20.00**

**After July 1, 2011:**            **Rider \$35.00**            **Passenger \$25.00**

**Checks should be made out to:**    **Area 4 Ride to Remember**

**Register online at:**            **www.area4ridetoremember.com**

**Includes:**            **Memorial Ride, Ride t-shirt, and after ride celebration.**

**Complete Form and mail to:**    **Area 4 Ride to Remember**

**P.O. Box 46241**

**Chicago, Illinois 60646**

**Please mail by July 1, 2011 to receive t-shirt on day of event.**



# Release and Waiver of Liability and Indemnity Agreement

First and foremost, I understand that operating a motorcycle is an activity that precludes and contains considerable risk of serious personal injury, paralysis, dismemberment, property damage or loss or death. I hereby knowingly and freely accept risks of all personal injury, property damage arising from my participation in the Area Four Ride to Remember Memorial Motorcycle Ride and I hereby agree, that I, my dependents, heirs, successors, executors and assigns do release and hold harmless against, and indemnify The Chicago Police Department Memorial Foundation, Area Four personnel, the City of Chicago, the Chicago Police Department, the Chicago Park District, Soldier Field, any and all sponsors, its owners, employees, and agents from any and all claims, including claims of death, bodily injury, illness, property damage or loss, however cause, arising from or related to the Area Four Ride to Remember Memorial Motorcycle Ride even if arising from the negligence of the releasee or others.

I agree to ride within my riding ability and agree to not be influenced by any group or pack mentality to ride faster than is within my ability or the limits of what is considered safe riding conditions. Nor will I be influenced by riding displays by my fellow ride participants that could be considered unsafe. I fully understand that I may encounter riding conditions and roads that I have not traveled before, and have no prior knowledge of, and therefore will ride within a manner that is considered safe for those riding conditions. Furthermore, I agree that I will not in any circumstance ride the motorcycle, be it my own, or a rental motorcycle on the Area Four Ride to Remember Memorial Motorcycle Ride, beyond what is commonly considered a safe manner.

I hereby release, hold harmless, and promise not to sue the Chicago Police Department Memorial Foundation, Area Four personnel, the City of Chicago, the Chicago Police Department, the Chicago Park District, Soldier Field, any and all sponsors its officers, owners, directors, employees, or agents (collectively "releases") with respect to any and all bodily injury and/or other loss resulting from my participation in the Area Four Ride to Remember Memorial Motorcycle Ride whether as passenger or operator of a motorcycle, whether caused by the negligence of the releasee or otherwise during any respect associated with riding upon my own or my rental motorcycle.

In addition, by payment of a deposit, and/or my signature on this form, I certify that I do not have any physical or mental condition or disability that would create a hazard for me or my fellow ride participants. I certify that I am over 21 years of age and am in possession of a valid motorcycle operator's permit endorsement on my valid driver's license.

I, the ride participant, be it motorcycle operator or passenger, have read this Waiver & Release Agreement and will abide by all terms as stated herein. I hereby agree this waiver or release shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs, and next of kin without limitation.

I affirm that I have not received or relied on any oral or written representation of the Chicago Police Department Memorial Foundation as a basis for executing this Waiver and Release. I have read and understand the terms of the release and waiver of responsibility I am about to sign and further understand that the Chicago Police Department Memorial Foundation cannot accept any Ride participant, be it operator or passenger, without a duly signed release and waiver form. I understand clearly that I have given up substantial rights by signing this release and wavier of responsibility and have signed it freely and voluntarily without any inducement, assurance, or guarantee being make to me and intend my signature to by a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Rider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Passenger \_\_\_\_\_ Date \_\_\_\_\_