

Ride for the Fallen

August 27, 2016

or rain date: August 28, 2016

By signing below, I am volunteering my entry into this event. I agree to abide by all the rules and disqualify myself if I don't abide by those rules, which I understand.

I understand this is not a "race" and I am fully responsible for my driving. Event organizers, participating businesses and/or other sponsors are not liable to me for any accidents, injuries or property damages I may incur as a result of my participation in this event.

I hereby waive any and all claims I may have against any person, business, organization or corporation associated with this event. I assume all known risks, unknown, foreseen and unforeseen.

The organizers of this event do not condone drinking alcohol or other drug use during this event and shall not be held liable in the case of injury or accident incurred during this ride while under the influence.

Rider Signature: _____

Date: _____ **Print Name:** _____

Passenger Signature: _____

Date: _____ **Print Name:** _____

Address: _____

Email address (for news, etc. regarding next year's event)

Checks can be made out and mailed to the:

"Justin Rollins Memorial Scholarship Fund"

PO Box 444

Newport, NH 03773

www.rollinsride.com