

Children's Ride 13 Waiver

(I) (My Passenger) understand(s) that the state law requires motorcycle riders to be licensed with endorsements to operate on state roads and highways and that it is my responsibility to provide my own liability insurance. (I) (My Passenger) therefore release and hold harmless Children's Hospital & Regional Medical Center, The Imagine Guild and each individual member, event volunteers, sponsors, supporters and participating merchants and any ride site owners and personnel from any liability for any damage or injury (I) (My Passenger) may incur or cause while participating in this event.

(I am) (My Passenger is) experienced in and familiar with the operation of motorcycles and fully understand(s) the risks and dangers inherent in motorcycling. (I am) (My Passenger is) voluntarily participating in the event and accept the entire risk of any accidents or personal injury, including death, which (I) (My Passenger) may suffer as a result of my participation in the event. I further understand (I) (My Passenger) assume(s) all responsibilities in participating in the event.

Consent is also given for (My) (My Passenger's) name, portrait or likeness for use in any medium for editorial, promotional or advertising purposes.

By signing this document, I certify that I have read this document and fully understand it and I am not relying on any statements or representations of any of the released parties. This document shall be binding upon me (My) or (My Passenger's) heirs, executors, administrators and assigns (and all legal guardians of My Passenger).

Signature of Participant

Date

Signature of Participant

Date

Signature of Parent or Guardian (if rider is under 18)

Date