

FRATERNAL ORDER OF POLICE

SHELBY LODGE #84

SINCE 1938

--FALLEN OFFICER MEMORIAL MOTORCYCLE RIDE REGISTRATION FORM --

-- Saturday, August 4th, 2018 --

Registration/Check-In at 9:30 am - Kickstands Up at 11:00 am

$40 per bike ~ includes 1 Official Ride T-Shirt and Meal Following Ride

Please read carefully the release and waiver of liability before signing

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

In consideration of the acceptance of my entry in this event, I do for myself, my heirs, executors, administrators, and assigns, hereby give up, RELEASE, and forever DISCHARGE in advance my rights to sue or make any claim for damages due to negligence or carelessness against Officers, Directors, members, and agents; other promoters, sponsors, and their employees; and all organizations and their employees conducting or connected with Fraternal Order of Police Shelby Lodge 84, for injury to person that I may suffer, including crippling injury or death, while participating in the event and while upon event premises.

I AM AWARE THAT MOTORCYCLING CARRIES A SIGNIFICANT RISK OF SERIOUS

PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE. I know the risks of danger to myself, my minor child (if present), and my property while participating in the event and while upon the event premises and, relying upon my own judgment and ability. I ASSUME ALL SUCH RISKS OF LOSS and hereby agree to reimburse all costs to, and to forever HOLD HARMLESS and INDEMNIFY, all persons and entities identified above, generally and specifically, from any and all liability for death and/or personal injury or property damage in any way from my participation in this event. I further affirm that the information below is accurate and by affixing my signature to this form, I agree to all statements herein.

Rider Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passenger Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passenger Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motorcycle Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to Fallen Officer Memorial Fund. Registration and payment can be mailed to F.O.P. #84, P.O. Box 202, Shelbyville, IN 46176. If pre-registered, riders must still check in at registration desk day of the ride to receive wristbands for meal and entertainment.