

Mayland Community College
Motorcycle Poker Run
Registration/Waiver Form



Name: _____

Address: _____

Passenger Name: _____

Email Address: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

In consideration of my signing this agreement, I hereby for myself, my heirs and administrators assume any and all risk which might be associated with the event. I waive and release any and all rights and claims for damages which I may have against the organizers and any other connected with this event, their representatives, successors and assigns for any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in the event and any related activities.

Participant Signature: _____

Date: August 6th, 2011 (or August 13th for Rain Date)