

**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: July 31, 2010 (or August 7th for Rain Date)