



Dan G. Dolan Memorial Ride and Veterans Appreciation Festival

Ride Waiver and Release Form

In signing this document, I REPRESENT THAT I AM FULLY KNOWLEDGEABLE OF THE DANGER AND HAZARDS ASSOCIATED WITH RIDING MOTORCYCLES. I CERTIFY THAT I AM DULY LICENSED AND COMPETENT TO OPERATE A MOTORCYCLE IN A SAFE MANNER, AND THE VEHICLE IS IN A SAFE OPERATING CONDITION. I will be riding on public highways and roads and am solely responsible to determine the speed and operational characteristics of my motorcycle while participating in the ride. I hereby release and hold harmless, The Daniel G. Dolan Patriot Fund, HOOAH, the Dolan family, the Dan G. Dolan Memorial Ride organizers, and any of their executives, members, and volunteers, against any and all claims, causes of action, or any other liability of any kind arising from my participation in this ride.

I certify that I have no known physical or mental impairment that may affect my safety or the safety of the group. I understand that the choice of wearing a helmet and other protective gear is solely my own and that I am responsible for my compliance with all state laws. I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the ride operate my motorcycle under the influence of any narcotic, alcohol or any drug. I also understand that this waiver and release is for the event date of _____. After the completion of the ride, during the Festival and when leaving the event, any alcohol consumption will be of my own choice and I take full responsibility for my actions and any consequence thereof.

The activities of this event may be videotaped. As the undersigned, I agree that my likeness may be used in promotional materials and will hold harmless the "Released Parties" and agree that no monetary or any other consideration will be given for their use.

By signing this document, I certify that I have read this document, fully understand it and that I am not relying on any statement or representations of any of the Released Parties. This document shall be binding upon my heirs, executors, administrators, assigns and me.

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Street: _____ City: _____

State: _____ Zip Code: _____

Email Address _____

Signature: _____

Participation Level (check one)
<input type="checkbox"/> Rider
<input type="checkbox"/> Passenger

EMERGENCY CONTACT

Name: _____ Phone: _____

PARENT/GUARDIAN AUTHORIZATION (required if passenger is under 18 years old):

I affirm that I am the Parent/Legal Guardian of the above named person and that I have full authority to authorize his/her participation in the above referenced event:

Signature of Parent/Guardian _____ Date: _____