

Saturday
July 31, 2010

Begins at 9 am at the Boone County Fairgrounds

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4th ANNUAL 'RIDE IOWA' FOUNDATION MOTORCYCLE EVENT
REGISTRATIONS AND DONATIONS



COMPLETE ONE FORM FOR EACH PERSON

THANK YOU FOR SUPPORTING THE MARCH OF DIMES'
MISSION TO SAVE BABIES' LIVES

PARTICIPANT INFORMATION --PLEASE PRINT (SO WE CAN READ IT!)

FIRST NAME: _____ LAST NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PRIMARY PHONE: () _____ OTHER PHONE: () _____
E-MAIL: _____ PARTICIPANT AGE: _____ MALE ___ FEMALE___

DONATION INFORMATION

Your Donation \$25.00 minimum: \$ _____ METHOD OF PAYMENT: CASH _____

WAIVER AND RELEASE

This waiver is a release of indemnity. Signed waiver is required to participate and to enter the Boone County Fairgrounds. Read before signing. In consideration of the furtherance of the RIDE IOWA Foundations' purpose, objectives and work, and in consideration of your permitting me to participate in this event, on behalf of myself, my heirs, executors, administrators, and assigns. I hereby waive and release any and all rights for damages, now and forever, which I may have against you, the municipalities in which the event will take place, as well as any others connected with the event, their heirs, executors, administrators, successors, and assigns, for any and all injuries which I may suffer while taking part in this event or as a result thereof. Consent is also hereby given to the use of my name, picture, portrait, likeness, writing or biographical information, and audiotape and/or videotape recordings and sound or silent motion pictures of me in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributors and/or for any other purpose in the furtherance of the corporate purposes and objectives of the RIDE IOWA Foundation.

Participant Signature: _____ Date: _____

NOTE: Parent or Legal Guardian Signature is REQUIRED for participants UNDER the age of 18 _____ Parent or Legal Guardian Sign Here