

MOTORCYCLES



Montachusett Suicide Prevention Task Force

Providing Hope to Our Community



Sunday, August 19, 2018

**Monty Tech Regional Vocational School
1050 Westminster Street, Fitchburg, MA 01440**

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

PASSENGER NAME: _____

Do you belong to a motorcycle club/association - No /Yes If yes, which one? _____

_____ Please remove me from any future mailings _____ Please remove me from any email contacts

Have you joined this ride in the past?

Make and Model of your motorcycle: _____ Registration: _____

***Please make checks payable to Heywood Hospital with memo:
Montachusett Suicide Prevention Task Force Ride of Your Life***

Motorcycle Ride: * BBQ ticket is the black "Ride of Your Life" wrist band

Rider Registration w/ BBQ is \$25.00. _____ Passenger Registration w/BBQ is \$15.00. _____

***Yes I have a valid motorcycle driver's license, approved helmet, and insurance required to participate.**

Please initial: _____

WAIVER

I understand and am aware that there are dangers and risks involved in riding a motorcycle, and riding in an activity such as the motorcycle "Ride of Your Life" event. These dangers and risks include property damage, injury, serious injury, and/or death. Knowing and appreciating fully these dangers and risks, I, the undersigned, hereby waive, release and forever discharge the "Ride of Your Life" event, the proceed recipient, members of the organizing committee, sponsors, supporters, volunteers and all other associates of the event of and from all manner of actions, cause actions, suits, debts, claims and demands whatsoever arising from or in connection with the "Ride of Your Life" event and associated events. I assume full responsibility for injury or damage arising as a result of the participation association with the "Ride of Your Life" event and for my passengers.

This waiver also includes a 'model release' for photographs taken during the event and audio/video recordings made while participating in the above activities.

We do not rent, sell or trade our contact lists. The information you provide will be used to issue tax receipts and to keep you informed of task force events and fundraising activities.

Rider Signature: _____ Date: _____

Passenger Signature: _____ Date: _____

Thank you for your support in Suicide Prevention and Community Wellness in the North Central and North Quabbin Regions