



RIDER REGISTRATION

NAME _____ E-MAIL _____

MAILING ADDRESS

PASSENGERS NAME _____

AMOUNT ENCLOSED _____

SIGNATURE _____

DATE _____

PLEASE COMPLETE THIS FORM, MAKE A COPY FOR YOUR RECORDS, AND RETURN THIS COMPLETED FORM ALONG WITH YOUR PAYMENT TO THE LOVE 4 LEXI FOUNDATION

\$35 FOR SINGLE RIDER, ADDITIONAL \$15 FOR THE PASSENGER

*Please make checks payable to the Love 4 Lexi Foundation
Thanks for your support*

Love 4 Lexi Foundation PO Box 718 Cedarburg, WI 53012

L4LFOUNDATION.ORG

FACEBOOK.COM/L4LFOUNDATION

INFO@L4LFOUNDATION.ORG



LIABILITY RELEASE

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in Rally 4 A Reason (hereinafter, EVENT) sponsored by Love 4 Lexi L4L Foundation and their respective officers, directors, employees and agents (hereinafter, the RELEASED PARTIES) releases and holds harmless the "RELEASED PARTIES" from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the "RELEASED PARTIES" in any way resulting from, arising out of, or in connection with the performance of their duties and my participation in any said EVENT. This Release extends to any and all claims I have or later may have against the "RELEASED PARTIES" resulting from or arising out of their performance of their duties whether or not such claims result from negligence (except intentional conduct) on the part of any or all of the "RELEASED PARTIES" with respect to the EVENT or with respect to the conditions, qualifications, instructions, rules or procedures under which the EVENT are conducted or from any other cause. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING OR CONDUCTING THE EVENTS. I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the EVENT and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the events, and any negligence (except intentional conduct) on the part of any or all of the "RELEASED PARTIES" in performing their duties. WAIVER OF RIGHTS UNDER STATE STATUTES I further agree to waive all benefits flowing from any state statute, which would negate or limit the scope of this release and Indemnification Agreement. By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the "RELEASED PARTIES."

NAME _____

E-MAIL _____

SIGNATURE _____

DATE _____

How did you hear about us?

I KNOW SOMEONE ON THE L4L BOARD

L4LFOUNDATION.ORG

FACEBOOK

POSTERS

SAVE THE DATE MAILER

FLIERS

E-MAIL

OTHER _____