

RIDE FOR THE CURE MINNESOTA

Registration Form and Release

Please read carefully. This release affects your legal rights.

RELEASE- I give my voluntary consent to each of these provisions in consideration for being permitted to participate in this event. As a participant it is my responsibility to ensure I am a valid licensed motorcycle operator with valid motorcycle insurance and abide by all of the traffic laws of any state or local jurisdiction during this event. The UHL Company employees, representatives or agents are acting only in the role of volunteers solely for the purpose of planning, organizing and hosting this event with no claim made by the UHL Company employees, representatives or agents as to being professional event organizers. I understand I may be removed if I do not follow the rules of this event.

Weather may cause an adjustment in length of the event or a decision to postpone or cancel the event. Participant safety is the basis for any decision to postpone or cancel the event and is the sole responsibility of the Event Director. The event has a credit refund policy.

This event is a potentially hazardous activity and I hereby voluntarily assume full and complete responsibility for and the risk of, any injury or accident that may occur during my participation in this event or while on the premises of this event. I, for myself, my next of kin, my minor children that may attend, my heirs, administrators, and executors, hereby release and hold harmless and covenant not to file suit against the UHL Company D/B/A the UHL Company, Inc and/or the Susan G Komen Breast Cancer Foundation, Inc D/B/A Susan G Komen for the Cure, the Minnesota affiliate of the Susan G Komen Breast Cancer Foundation D/B/A the Minnesota affiliate of Susan G Komen Race for the Cure, their affiliates and any affiliated individuals, and their related entities, directors, partners, members, shareholders, employees, contractors, agents, volunteers, successors, and assigns, and all other persons, firms, corporations, associations, partnerships, trusts, limited liability companies, employers, and their respective successors, heirs, executors, administrators, trusts, employers, agents, successors, and assigns liable or who might be claimed to be liable and any event sponsors and their agents, employees, and all other persons or entities associated with this event, (collectively the "releasees") for any injury or damages I might suffer in connection with my participation in this event or while on the premises of this event. This release applies to any and all loss, liability, or claims I may have arising out of my participation in this event, including but not limited to, personal injury or damage suffered by me or others, whether such losses, liabilities, or claims be caused falls, contact with and/or the actions of other participants, contact with fixed or non-fixed objects or vehicles, contact with animals, conditions of the premises of the event, negligence of the releases, risks not known to me or not reasonably foreseeable at this time, or otherwise.

I give my consent and permission to UHL Company, Inc and Susan G. Komen for the Cure, their local affiliates, their sponsors, their corporate sponsors, their successors and licensees and assign the right to use, for any purpose whatsoever without any form of compensation, any photographs, videotapes, audiotapes, or recordings of me that are made during this event. I acknowledge this waiver and release may be stored electronically and I agree a copy is authentic and admissible as evidence in any future dispute or proceeding. I understand that I have given up substantial rights by signing this release, and have signed it freely and voluntarily without any inducement, assurance or guarantee and my signature serves as a complete and unconditional release of liability to the greatest extent allowed by law. I further agree an electronic submission of registration and payment shall act and constitute a fully executed signature of the registration and release form.

Name _____

Address (Street, City, State, Zip) _____

Email _____ Phone _____

Signature _____ Date _____

- \$ 35 Register by Monday, Aug 15th \$ 40 Register after Monday, Aug 15th
- Pledge Form (No Registration Fee) Return by Aug 15th for Grand Prize Eligibility

* Short Sleeve Black w/Logo (INCLUDED)	XXL – XL – L – M - S	Qty- 1 SS	\$ 0.00
* Long Sleeve Black w/Logo (UPGRADE)	XXL – XL – L – M - S	Qty- 1 LS	\$ 5.00
TOTAL PAYMENT- (Payable to Ride for the Cure Minnesota)			\$

PARTICIPANTS RECEIVE A TAX DEDUCTIBLE RECEIPT

Payable to- Ride for the Cure Minnesota
 9065 Zachary Lane No; Maple Grove, MN 55369
 Mike Polley- (612) 419-4724 Cell or mikep@uhlco.com

CLIPBOARD

RIDE FOR THE CURE MINNESOTA Participant Pledge Form

Ride for the Cure Minnesota benefiting Susan G Komen for the Cure- Minnesota Affiliate
Susan G Komen for the Cure provides funding for the awareness, research and education of breast cancer.
Ride for the Cure is a non-profit operating under the principles established for a 501(c)3 charity organization.

No Registration Fee for a participant receiving a minimum total amount of \$100 in donations via the Pledge Form. The Registration Form and Release, Pledge Form and the donations collected by the participant must be received by Ride for the Cure Minnesota as a complete package. The RFTC route is no less than 100 miles.

PARTICIPANT _____ (Pledges Receive Pink Ribbon Lapel Pin Appreciation Gift)

Name	Address (Street, City, State, Zip Code)	\$ Amount
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25		

Pledge Total \$

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