



**WAIVER OF LIABILITY**  
**Ovar'coming Together**  
**5th Annual Charity Motorcycle Ride to Fight Ovarian Cancer**  
**Saturday, August 18, 2018**

**Safety is our primary concern.** Observe all federal, state and local laws, and ride safely and defensively. We request you and your passenger wear a helmet, appropriate clothing and eyewear. If you and/or your passenger choose to ride without a helmet or appropriate clothing and eyewear, you do so at your own risk. Never ride under the influence of alcohol or drugs.

In consideration of my participation in the above named event, I HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that (I) may have against Ovar'coming Together, its officers, employees, volunteers and any cooperating entities (including Southside Harley-Davidson and Bloomington Harley-Davidson), their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) may suffer while taking part in the event or any activities connected with the event. I intend that this Waiver of Liability and release of claims apply to all negligent acts and omissions of the Released Parties.

I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Released Parties FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the above named event, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

I UNDERSTAND, THAT BY SIGNING THIS DOCUMENT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event. I AM EXPERIENCED IN AND FAMILIAR WITH THE OPERATION OF MOTORCYCLES AND FULLY UNDERSTAND THE RISKS AND DANGERS INHERENT IN MOTORCYCLING. I am also properly licensed to operate a motorcycle. I am voluntarily participating in this event and I expressly agree sole responsibility for the safe and successful operation of my motorcycle, and to accept the entire risk of any accidents or personal injury, including death, which I might suffer as a result of my participation in the event. I understand and I assume all risks for participating in the event. I represent that I am fully knowledgeable of the danger and hazards associated with riding motorcycles.

I hereby grant all permission to Ovar'coming Together and/or all agents authorized by them to copyright, use, and publish videos or photographs taken of me in any form on this date, to be used for any lawful purpose, and without further compensation. I concede that all videos or photographs are property of Ovar'coming Together.

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

\_\_\_\_\_  
BIKER (Print Name)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
PASSENGER (Print Name)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
\*Signature of Adult Passenger OR Parent/Guardian of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

**Required if passenger is under 18 years of age\***

\*I affirm that I am the Parent/Legal Guardian of the above named Passenger and that I have full authority to authorize his/her participation in the above referenced event. I further certify that I have read this document, that I fully understand it, and agree to its conditions on behalf of the Minor Passenger.