

24th Annual



"Ride for a Reason"

June 2nd, 2024



All proceeds benefit

*Penrickton Center for
Blind Children*



\$30 PER PERSON

LUNCH INCLUDED WITH REGISTRATION

All Bikes Welcome

PLEASE MAKE ALL CHECKS PAYABLE TO
PENRICKTON CENTER FOR BLIND CHILDREN

**Stage at Cabela's in Dundee 10AM • Ride leaves noon sharp!
RIDE ENDS AT MOTOWN HARLEY IN TAYLOR, MI**

For More Information:

VISIT MOTOWN HARLEY-DAVIDSON

Motown Harley-Davidson — 734.947.4647

Penrickton Center for Blind Children — 734.946.7500

www.motownharley.com | www.penrickton.org



EVENT RELEASE FORM FOR ADULTS

Please sign and return entire Release.

Name of Event(s): 24th Annual "Ride for a Reason"

Date: June 2, 2024

Location: Motown Harley-Davidson (14100 Telegraph Road, Taylor MI 48180) and points beyond, returning to Motown Harley-Davidson (14100 Telegraph Road, Taylor, MI 48180)

The undersigned (on my behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in a "Ride," "Poker Run," "Rally," "Field Meet" or "Activity" (hereinafter, **EVENT(S)**) sponsored and/or conducted by Harley-Davidson, Inc., Harley-Davidson Motor Company, the Harley Owners Group, Authorized Harley-Davidson dealer(s) including TMCBB, Inc., DBA Motown Harley-Davidson and/or local H.O.G. chartered chapter(s), Penrickton Center for Blind Children, contracted event coordinators, and their respective officers, directors, employees, sponsors, insurers and agents (hereinafter, the **"RELEASED PARTIES"**), releases, holds harmless and agrees to indemnify to the fullest extent by law the **"RELEASED PARTIES"** from any and all rights, claims, demands, and causes of action of any kind whatsoever, which I now have or later may have against the **"RELEASED PARTIES"** in any way related to whatsoever my participation in any said **EVENT(S)**.

This Release extends to any and all claims I have or later may have against the **"RELEASED PARTIES"** in any way related to whatsoever their performance of their chapter duties, whether or not such claims result from negligence on the part of any or all of the **"RELEASED PARTIES,"** with respect to the **EVENT(S)** or with respect to the conditions, qualifications, instructions, rules or procedures under which the **EVENT(S)** 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 IN ANY WAY RELATED TO WHATSOEVER, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER 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(S)** 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 participating in the **EVENT(S)**, and any negligence which I might sustain to my person and property as a result of my participating in the **EVENT(S)**, and any negligence (except willful neglect) on the part of any or all of the **"RELEASED PARTIES"** in performing their chapter duties.

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute, which negate or limit the scope of this Release and Indemnification Agreement, including but not limited to Section 1542 of the California Civil Code, which provides:

"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing this release, which if known to him must have materially affected his settlement with the debtor."

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."**

THIS IS A RELEASE - READ BEFORE SIGNING

RIDER/INDEMNITY

Signature _____

Print Name _____

Address _____

City/State/Zip _____

Date _____

Email _____

PASSENGER

Signature _____

Print Name _____

Address _____

City/State/Zip _____

Date _____

Email _____

Please sign and return entire Release.