

# Registration Form

## Ride for Cameroon Benefit Motorcycle Ride & Summer Cookout

### July 17, 2010

Please **Complete, Sign, and Mail** this form with payment to:

**Marshall United Methodist Church PO Box 147 Marshall, MI 49068**

QUESTIONS? Send inquiries to [rideforcameroon@yahoo.com](mailto:rideforcameroon@yahoo.com) or call (269) 781-9627

**PRICING:** Drivers \$20.00 Riders \$ 10.00 Others: \$6.00 AMOUNT ENCLOSED: \_\_\_\_\_  
*Drivers ONLY: One Free T-Shirt. Circle requested size. SIZE: Small Medium Large 2XL 3XL*  
Please make checks payable to: **Marshall United Methodist Church** and write **Cameroon** on memo line

**PRE-REGISTRATION INFORMATION:** (please print clearly)

LAST NAME \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Please check one: DRIVER \_\_\_\_\_ RIDER \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Motor Cycle Make \_\_\_\_\_ Year \_\_\_\_\_

**\*\*\*\*THIS IS AN ALCOHOL FREE EVENT\*\*\*\***

**All registrants (driver and passenger) must sign the following release of liability form. This is a Release and Indemnity Agreement- Please read before signing.**

I, \_\_\_\_\_, wish to participate in the Ride for Cameroon Event to start at end at The United Methodist Church 14711 Old US 27 North Marshall, MI 49068 on July 17, 2010. This Event includes a motorcycle ride through Calhoun County. I am aware that participation in the Event is potentially hazardous and entails a risk of physical injury. I understand and agree that I am electing to participate at my own risk. I am not aware of any physical or medical condition that would interfere with my ability to participate

**IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE IN THE ACITIVITY, I HEREBY RELEASE AND DISCHARGE THE UNITED METHODIST CHURCH IN MARSHALL MICHIGAN, AND ALL OF THEIR VOLUNTEERS, OFFICERS, AND AGENTS (“RELEASEES”) FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE ACITIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCTOR GROSS NEGLIGENCE OF THE RELEASEES. BY SIGNING THIS WAIVER, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT AND AGREE WITH ITS CONTENT.**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Printed Name of Participant**

\_\_\_\_\_  
**Date**

#### EMERGENCY INFORMATION

Please indicate the person(s) to contact in case of emergency:

Contact 1:

Contact 2:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

This is a **RAIN OR SHINE EVENT**. In case of rain the Cookout, Band, and activities will be moved inside.

Each driver will decide whether or not to drive in inclement weather. There is no Rain Date scheduled.

Please visit [www.unitedinservice.INFO](http://www.unitedinservice.INFO) for details on this Event, Prizes, T-Shirts, and our mission project. 23A