

# AL LUND MEMORIAL MOTORBIKE RIDE



*Benefiting the*  
Wetaskiwin & District  
Heritage Museum

## REGISTRATION AND WAIVER

RIDER: \_\_\_\_\_ TOTAL AMT: \_\_\_\_\_

PASSENGER: \_\_\_\_\_ TOTAL AMT: \_\_\_\_\_

RIDER ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REGISTRATION FEE: \$30.00 single/\$50.00 double TOTAL PLEDGES: \_\_\_\_\_

### WAIVER, INDEMNITY and PHOTO RELEASE FORM

#### ***Please read carefully:***

I agree: 1) That at all times during the Al Lund Memorial Motorbike Ride my safety remains my sole responsibility and 2) That I am aware of the inherent risks in participating in this event and voluntarily assume such risks.

IN CONSIDERATION of your allowing the vent to be a non-profit fundraiser, I myself, my heirs, my administrators and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE the Wetaskiwin & District Heritage Museum and all its associations and sponsoring companies and all its respective agents, officials, officers, directors, employees, servants, conductors, representatives, successors, and assigns OF AND FROM ALL claims, demands, payments, actions, causes of action, damages, costs and expenses, in respect of my death, injury, loss or damage to my person or property HOWEVER CAUSED arising or to arise by reason of my participation in the said event AND NOTWITHSTANDING that same may have been contributed by the negligence of any of the aforesaid. I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO IDEMNIFY all the aforesaid from and against any and all liability incurred by and or all of them arising as a result or in any way connected to my participation in said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED to the above AGREEMENT, RELEASE, WAIVER AND INDEMNITY, I WARRANT that I am physically able to participate in this event, that I have received medical clearance to attempt the event and that I have in place adequate insurance covering all risks associated with my participating in the event.

I, the undersigned, also grants to the Wetaskiwin & District Heritage Museum, in whole or in part, the right to use the film footage/photographs of myself or of my children, produced for promotional purposes provided that said footage/prints/photographs/image or film files, in whole or in part, including voice-overs, be used exclusively by the above mentioned organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Minor guardian waiver:** I am the parent or guardian of the above named participant, who is a minor (under the age of majority). I approve and give my consent to the participation of said minor in this event and adopt the above release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_