

REGISTRATION AND RELEASE FORM FOR MINORS
2nd Annual Cochise County Sheriff's Charity Motorcycle Ride
October 18, 2014

Starting and Ending Location: Veteran's Memorial Park, Sierra Vista

Note: The term "parent" will be used in this document to denote one or more parents or legal guardians of the named minor child, and will be synonymous with such.

I, the undersigned parent, hereby voluntarily request that my minor child named below be allowed to participate as a motorcycle passenger in the 2nd Annual Cochise County Sheriff's Charity Motorcycle Ride.

I understand that riding a motorcycle as either an operator or a passenger is an inherently dangerous activity that may result in serious bodily injury or even death.

I understand the nature and risks of a group motorcycle ride on public roadways and my minor child's experience and capabilities as a motorcycle passenger in this environment, and I believe that my minor child is qualified to participate in this event.

I agree to provide my minor child with necessary and appropriate safety equipment for his/her participation in this event.

I have instructed and educated my minor child regarding the following:

- If at any time during this ride, my minor child believes to be at risk of injury, he/she will immediately advise the motorcycle operator who will notify event escort staff.
- The inherent dangers of riding on a motorcycle, and that participation in this event as a motorcycle passenger may result in property damage or serious bodily injury, including permanent disability, paralysis or death.
- The risks and dangers of property damage and bodily injury may be caused by the actions or inactions of my minor child, others participating in the event, non-participants, weather or road conditions, condition of the motorcycle on which my minor child is a passenger, or other unforeseen circumstances

I understand and agree that Cochise County will not be liable for any valuables lost, stolen, damaged or destroyed during this event.

I certify that my minor child is in good health and physically able to safely tolerate the approximately 3-hour motorcycle ride.

I certify that my minor child is covered by health insurance adequate for his/her participation in this event.

I understand and agree that this release is required as a contractual consideration to Cochise County for allowing my minor child to participate in this event, and that my agreement to this release of liability is a required pre-requisite for Cochise County to allow my minor child's participation in this event.

In consideration of my minor child's participation in this event as a motorcycle passenger, I agree on my own behalf and on behalf of my minor child's heirs, personal representatives, successors, and assigns to release, waive, hold harmless, and defend Cochise County and its officials, directors, employees, volunteers, or other agents, with respect to all actions, claims, and demands that may be made or brought out of, or in connection with, the performance of their duties or my minor child's participation in this event, and agree to defend the released parties from any cause of action relating to this event, including attorney's fees, unless such claims arise from the gross negligence of Cochise County.

As parent or guardian of my minor child, I attest that my minor child will not, upon becoming an adult, assert a claim against the released parties from any actions or incidents arising from this event.

I certify that my minor child is voluntarily participating in this event as a motorcycle passenger and I expressly agree to assume the entire risk of any accidents, property damage or personal injury, including death, which my minor child might sustain as a result of his/her participation in this event, and any negligence other than gross negligence on the part of any of the released parties in performance of their duties.

I have read this parental consent, release and waiver of liability, and assumption of risk, and understand that by signing it my minor child and I give up substantial rights we otherwise may have to recover damages for incurred losses. I agree to sign the following release voluntarily and without inducement.

THIS IS A RELEASE FORM - READ BEFORE SIGNING

Minor Child Name (Printed)

Minor Child Age

Minor Child Address – City/State/Zip

Parent/Guardian Name (Printed)

Parent/Guardian Address – Mailing Address/City/State/Zip

Parent/Guardian Emergency Contact Phone Number(s)

X _____
Parent/Guardian Signature

PLEASE PRINT ALL INFORMATION CLEARLY & LEGIBLY