

EVENT RELEASE FORM FOR ADULTS

3rd Annual Cochise County Sheriff's Charity Motorcycle Ride

November 7, 2015

I, the undersigned, hereby voluntarily request to participate in the 3rd Annual Cochise County Sheriff's Charity Ride.

I agree on my own behalf and on behalf of my heirs, personal representatives, successors, and assigns, for and in consideration of the opportunity to participate in the above-named motorcycle ride 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 and my participation in this event and agree to defend the released parties from any cause of action relating to the event, including attorney's fees unless such claims arise from the negligence of Cochise County.

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

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 I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling.

I certify that if I am operating a motorcycle in this event, that I hold a valid driver's license with a motorcycle endorsement, current registration, and have insurance coverage on my vehicle as required by Arizona law. I agree to present the above documents to event staff upon request.

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

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 FORM – PLEASE READ BEFORE SIGNING

RIDER

PASSENGER

Rider Name (Printed)

Passenger Name (Printed)

Rider Signature

Passenger Signature

Driver's License # / Issuing State:

Address:

Address (If different than rider):

City/State:

City/State:

Date:

Date:

PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY