ST. PAUL'S UNITED METHODIST CHURCH
BLESSING OF THE BIKES – RELEASE FORM

Please read this form carefully and sign. *Every* RIDER *and* PASSENGER are required to sign the release form in order to participate.

I, the undersigned (on my own behalf and on the behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in the **"Blessing of the Bikes"** (the Ride), hereby release, forever discharge and hereby hold harmless the organizers and agents (Released Parties) of the Ride, specifically including, but not limited to, St.Paul's United Methodist Church, 205 Maryland Ave, Cambridge, Maryland, its leaders, members, and agents, from any and all claims, demands, rights, damages, actions, and causes of action or suits of any kind or nature whatsoever, known or unknown, including actions to recover attorney fees, which in any way may result from, or arise out of, my participation in the Ride.

This release extends to any and all claims I have or may have against the Released Parties, even if such claims result from strict liability or negligence on the part of any or all of the Released Parties, concerning the conditions, qualifications, instructions, rules or procedures under which the Ride is conducted, or from any other cause. **I understand this means I agree not to sue any or all the "Released Parties" for any injury resulting to my property or myself arising from or in connection with the Ride.**

I hereby state I am experienced and familiar with the operations of the motorcycle I will be riding, and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the Ride and I expressly agree to assume the entire risk of any accidents, property damage or personal injury, including death, which I might suffer as a result of my participation in the Ride. I understand that it is my responsibility to monitor mechanical conditions of my motorcycle and related equipment the weather conditions, road conditions, the location of other vehicles and other similar conditions and factors to ensure my safety during the Ride.

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 of any of the released parties.

RIDER

Signature:_____

Print Name:_____

Date of Birth:_____

Address:_____

City:_____

State:___ Zip:_____ Phone (___)_____

PASSENGER/2nd Rider

Signature:_____

Print Name:_____

Date of Birth:_____

Address:_____

City:_____

State:___ Zip:_____ Phone (___)_____

Bike (Year, Make, Model) _____

Member of Group/Club_____

Date:_____ E-Mail: _____

PLEASE RETURN THIS ENTIRE FORM ALONG WITH $10 REGISTRATION FEE TO:

St Paul's United Methodist Church
205 Maryland Ave
Cambridge, MD 21613
Phone: 410-228-1424

Email: info@StPaulsCambridge.com
Website : www.StPaulsCambridge.com

Office Use: Paid check #_____ Date _____