

1st Annual DAWG Ride

Registration Form

Rider Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell: _____

Motorcycle Make: _____ Year: _____

Passenger Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell: _____

Participation Release

I am entering this event at my own risk. In signing this release for myself, I understand this release and agree to absolve all the sponsors, organizers, and associated entities be they individuals or organizations, singly and collectively, of all blame for an injury, misadventure, harm, loss or inconvenience suffered as a result of taking part in the *DAWG Ride*. I also give permission for the free use of my name and/or my photo in any broadcast, telecast, or other account of this event.

Rider: _____ Date: _____

Passenger: _____ Date: _____