



Hogs n Hens for Hope Motorcycle Waiver

I acknowledge that the motorcycle ride for the Lazarex Cancer Foundation carries with it the potential for serious injury and even death. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders, vehicular traffic, actions of other people including but not limited to participants, volunteers, spectators, and event officials.

I hereby agree to assume all of the risks of participating in the Lazarex Cancer Foundation motorcycle ride. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, or because of their liability without fault. I acknowledge that this Accident Waiver and Release of Liability form will be used by Lazarex Cancer Foundation, event holders, sponsors and organizers of the events in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my request and permitting me to participate in the Lazarex Cancer Foundation motorcycle ride, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including attorney's fees, litigation costs, and my traveling to and from Lazarex Cancer Foundation motorcycle ride, THE FOLLOWING ENTITIES OR PERSONS: all Local and State governments, and Lazarex Cancer Foundation, their directors, officers, employees, volunteers, representatives and agents, the event holders, event directors, event coordinators, event sponsors, event staff, event volunteers, property owners; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in Lazarex Cancer Foundation, activities, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during these events. I understand that during this activity I may be photographed, videotaped, or have my likeness reproduced. I agree to allow my likeness to be used for any legitimate purpose by the event holders, producers, organizers and/or assigns. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I further agree to abide by all the rules and regulations as set forth by Lazarex Cancer Foundation and the directors of any of their events.

I hereby certify that I have read this document and understand its content.

Participants Signature _____

Date: _____ Event/Distance _____ Group _____