

KAMAS VALLEY FIESTA DAYS MOTORCYCLE CHARITY RIDE REGISTRATION FORM JULY 27, 2019

Please fill this form out completely.

Driver's Name: _____ Date of Birth: _____

Address: _____ Age: _____

Phone: _____ Email (Optional) _____

Year, Make, Model of Bike: _____

License Plate State: ____ Number: _____

I do hereby release and hold harmless Kamas City, and affiliate or assignee thereof, of any responsibility, financial or otherwise, which could arise by participation in the 2019 Kamas Valley Fiesta Days Motorcycle Charity Ride. The undersigned hereby waives his or her right to any and all claims, of any nature or type, against Kamas City, its officers, agents, servants, and employees, arising out of the participation of this ride and specifically agrees to indemnify, and hold harmless, the City, its invites, officers, agents, servants, and employees from and against any and all suits, actions, legal proceedings, claims, demands, damages, costs and expense, and attorney's fees incident to any claim that may arise out of the ride, use of the rodeo arena or city park by the undersigned, his or her guest, invitees, officers, agents, servants and employees. I also agree to follow all traffic laws and regulations.

Signature of Driver: _____

Signature of Legal Guardian if Driver or Passenger is under 18 Years of age:

Info for Drawing

Name: _____

Phone: _____