



**MOTORCYCLE / BICYCLE RIDE
REGISTRATION FORM**
Saturday, August 15, 2015
Sign-In 9 a.m. ride at 10 a.m.
Registration form must be turned in by July 27, 2015.
www.hsi-indiana.com/Community-Information.html

Motorcyclist/Bicyclist Name: _____ Shirt Size: _____
(see sizes below)

Name of Passenger/family members _____ Shirt Size/s: _____
(see sizes below)

Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Cell Phone #: _____

T-shirts sizes are as follows: S M L XL 2XL 3XL 4XL

I accept full responsibility for the motorcycle/bicycle I have entered.
(Motorcyclist / Bicyclist Owner) _____

Biker Registration Fee: _____ \$25.00

Passenger/family members Fee: _____ \$15.00

Total Amount Included: _____

Make checks or money orders payable to: Human Services, Inc. they can be mailed to P.O. Box 119 Clifford Indiana 47226 - OR- they can be dropped at the local Johnson County Human Services, Inc. office at 460 N Morton Street Suite B Franklin, IN.

Liability Waiver: I hereby release and agree to hold harmless, Human Services, Inc, Grace United Methodist Church , the directors, the sponsors, representatives, agents, volunteers, and employees of them all, of any and all liability, loss, claims, and demands, that may occur from any loss, damage, or injury (including death to my person or property) in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or practice or preparation therefore, or while upon entering or departing from said premises, from any cause whatsoever. I know and accept the risk and danger to myself and my property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, and I hereby assume all risks for loss, damage, injury (including death to myself or my property) from any cause whatsoever.

SIGNATURE: _____

PASSENGER/ADULT FAMILY MEMBER

SIGNATURE: _____

