

# 2025 OFFICER ZACK McCAY MEMORIAL RIDE

## --- JEEP/VEHICLE REGISTRATION FORM ---

Saturday, May 31, 2025

Registration/Check-In 7:30am @ Dickson County High School – Kickstands Up at 9:30am –  
Ride will end at the Dickson County Municipal Airport with Lunch

Registration Only – Todays Date \_\_\_\_\_

**ANYONE DRIVING AND/OR RIDING IN JEEP/VEHICLE MUST SIGN THE WAIVER. NO EXCEPTIONS!!!**

**Participant:**

Driver Name: \_\_\_\_\_ Eating Lunch? Yes

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact  
name and phone # \_\_\_\_\_

**If passenger(s) is a child of the driver or an adult in the vehicle, please be sure to check the box. You do not have to complete the address information but please list a person who is not participating as the emergency contact. Parents or Guardians of minors, by signing the waiver below, you are signing on behalf of anyone listed on the registration form who is riding in the vehicle. Please have anyone who is able sign the waiver.**

**Passenger:**

Passenger Name: \_\_\_\_\_ minor? Yes \_\_\_\_ Eating Lunch? Yes

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact  
name and phone # \_\_\_\_\_

**Price For Driver: \$20 per person**

**Price for Passenger: \$10 per person – total passengers \_\_\_\_\_**

**Total Paid: \$ \_\_\_\_\_**

More Passengers Continued on Page 2

**AGAIN! ANYONE DRIVING AND/OR RIDING IN JEEP/VEHICLE MUST SIGN THE WAIVER. NO EXCEPTIONS!!!**

**Passenger:**

Passenger Name: \_\_\_\_\_ minor? Yes \_\_\_\_\_ Eating Lunch? Yes

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency contact  
name and phone #** \_\_\_\_\_

**Passenger:**

Passenger Name: \_\_\_\_\_ minor? Yes \_\_\_\_\_ Eating Lunch? Yes

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency contact  
name and phone #** \_\_\_\_\_

**Passenger:**

Passenger Name: \_\_\_\_\_ minor? Yes \_\_\_\_\_ Eating Lunch? Yes

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency contact  
name and phone #** \_\_\_\_\_

**Passenger:**

Passenger Name: \_\_\_\_\_ minor? Yes \_\_\_\_\_ Eating Lunch? Yes

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency contact  
name and phone #** \_\_\_\_\_

**WAIT, YOU ARE NOT DONE YET!!!!**

**Please read the release and waiver of liability carefully on the pages 3 and 4 before signing**

# 2025 OFFICER ZACK McCAY MEMORIAL RIDE

## EVENT REGISTRATION/RELEASE FORM

### MOTORCYCLE/JEEP/VEHICLE ACCIDENT WAIVER, RELEASE OF ALL LIABILITY AND ASSIGNMENT OF CLAIMS

#### FOR THE EVENT WAIVER PURPOSE BELOW, THE FOLLOWING ORGANIZATIONS, BUSINESSES AND/OR AGENCIES WILL BE REFERRED TO AS 2025 OZMMR ENTITIES.

Dickson Citizen's Police Academy Alumni Association (DCPAAA)

City of Dickson Police Department and its employees,

Dickson County Sheriff's Department and its employees

Dickson Municipal Airport and its staff

Dickson County Board of Education and its staff

Dickson County High School and its staff.

#### As consideration for being allowed to participate in the event(s) described below I agree:

1. I acknowledge that motorcycle/jeep/vehicle activity is a potentially hazardous activity which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to organizers, participants, volunteers, spectators, agents of the **2025 OZMMR ENTITIES**. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating, viewing and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.
2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the event(s). I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said events. I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle/jeep/vehicle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle/jeep/vehicle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel to the point of my entry into the 2025 Officer Zack McCay Memorial Ride (OZMMR), the OZMMR Ride, the period between the end of the OZMRR Ride and the lunch and events located at the Dickson Municipal Airport , and my return to my final destination. I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle/jeep in a safe manner and my license has all motorcycle/jeep/vehicle endorsements or certificates required by my state of residence.
3. In consideration of my being permitted to participate in this event, 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 during the event or during my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS: 2025 OZMMR ENTITIES** as listed above, individual volunteers, individual police officers or sheriff's deputies, DCPAAA members, sponsors, organizers, and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.  
Accordingly, I do hereby release and discharge the **2025 OZMMR ENTITIES**, ride organizers, sponsors, and representatives, all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in this event. This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

5. I certify I will wear the personal protective equipment while operating my motorcycle/jeep/vehicle at this event that is or may be required by the United States and/or any state in which my participation occurs and that my motorcycle/jeep/vehicle and all required personal protective equipment are in safe operational condition. I agree to abide by the directions/rules given by the organizers of this event and understand that my privilege to ride may be removed without refund if I am in violation of the rules set forth or acting/performing in an unsafe manner, or any manner disruptive to the operation of the event(s).
6. I agree to pay for all expenses (including, but not limited to lodging, food, beverages, gasoline, oil, repairs and maintenance and any other costs or expense I may incur) intending that 2025 OZMMR ENTITIES and its coordinators shall be totally free of such costs and expense.
7. **As additional consideration for being allowed to participate in the event(s)described below, I hereby assign to DCPAAA any claim I have or might have, in contract or in tort in any way, shape, form or fashion arising out of its action, the actions of other riders or anyone that participates in or comes in contact with participants in the event(s). This assignment is intended by all parties to be a full and complete assignment of any claim I have against the 2025 OZMMR ENTITIES, ride organizers, sponsors, volunteers, representatives and agents, or may have against entities and individuals listed in this paragraph whether directly or through third parties. The intent of the parties is that the 2025 OZMMR ENTITIES, the DCPAAA, its officers, directors, employees, ride organizers, sponsors, volunteers, representatives and agents shall be liability free with regard to anything in any way connected with the event.**
8. I hereby release the Dickson Citizen’s Police Academy and the 2025 OZMMR ENTITIES from any and all claims based upon or arising out of the use, reproduction, distribution, display or performance of all or any part of the photographs or recording, or any derivative thereof, including any claim of invasion of privacy or right of publicity.

**I hereby certify that I have read both pages of this Waiver, Release and Assignment of Claims in its entirety. My signature below indicates that I fully understand it and agree to its contents and all terms and conditions.**

**Driver:**

**Full Signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents or Guardians of minors, by signing the waiver below, you are signing on behalf of anyone listed on the registration form who is riding in the vehicle. Please have anyone who is able sign the waiver.**

**Riders:**

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_