

Alwine Dairy LLC

Last name _____ First name _____
Mailing address _____
City _____ State _____ Zip _____
Home phone _____ Cell _____
Emergency contact _____
Relationship _____ Phone _____

Vehicle#1:

Year _____ Make _____ Model _____ Color _____
Tag # _____ State _____ Insurance Co. _____

Vehicle#2:

Year _____ Make _____ Model _____ Color _____
Tag # _____ State _____ Insurance Co. _____

Vehicle#3:

Year _____ Make _____ Model _____ Color _____
Tag # _____ State _____ Insurance Co. _____

WAIVER:

By signing below I hereby acknowledge and accept the inherent risks involved in this car, Jeep, or any motorized vehicle show or activity, and agree to indemnify and vow to not hold Alwine Dairy LLC, it's employees, agents, volunteers responsible against any and all claims of injury, loss or claim of whatever nature that may in any way arise out of my participation in this activity held on the date hereith. I hereby acknowledge and accept responsibility for the grounds condition and will leave said grounds in the same or better condition as upon arrival.

PARTICIPATE SIGNATURE & DATE

CO-PARTICIPATE SIGNATURE & DATE