



Buffalo Soldiers Motorcycle Club



Rider Release Form

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in the _____ event sponsored by Buffalo Soldiers Motorcycle Club Orlando Chapter and their respective officers, directors, sponsors and agents (hereinafter, the “**RELEASED PARTIES**”) releases and holds harmless the “**RELEASED PARTIES**” from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the “**RELEASED PARTIES**” in any way resulting from, arising out of, or in connection with the performance of their organization duties and my participation in said event.

This Release extends to all claims I have or later may have against the “**RELEASED PARTIES**” resulting from or arising out of their performance of their organization duties whether or not such claims result from negligence (except willful neglect) on the part of any of all the “**RELEASED PARTIES**” with respect to the event or with respect to the conditions, qualifications, instructions, rules, or procedures under which the event is conducted or from any other cause. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE “**RELEASED PARTIES**” FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR ORGANIZATION IN SPONSORING, PLANNING OR CONDUCTING THE EVENT.

I am experienced in familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the event, and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the event, and any negligence (except willful neglect) on the part of any or all of the “**RELEASED PARTIES**” in performing their organization duties.

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any statute which would negate or limit the scope of this release Indemnification Agreement.

By signing the Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the “**RELEASED PARTIES**”.

THIS IS A RELEASE – READ BEFORE SIGNING

**** RIDER ****

****PASSENGER****

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date: _____

Date: _____

Email Address: _____

Email Address: _____

THIS FORM MUST BE SIGNED AND RETURNED TO REGISTRATION