

The Molly-Dharma Run

ADULT REGISTRATION FORM AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT – PAGE 1 OF 1

(Pre-Registration mail with check to: Ken Mann, c/o MDR, 6298 W. 26th Ave., Edgewater, CO 80214)

This form must be signed by each rider before the ride begins. No rider may participate without a completed form.

In consideration for being permitted to participate in the 13th Annual Molly-Dharma Ride ("the Event") on June 9th, 2019, I hereby acknowledge, represent, and agree as follows:

I am physically capable of participating in the Event. I have no physical or medical condition which would endanger me or others if I participate in the Event. I certify that that any equipment I will use will be in proper working condition. I acknowledge that I am solely responsible for my personal health and safety and the personal property I bring with me. I have read the Event description and rules of participation.

I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs.

I am voluntarily participating in this event with knowledge of the dangers involved. I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the Event.

By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I further hereby waive, and exempt, release, and discharge Molly-Dharma Run, Inc., its officers, employees, and volunteers, and any and all sponsoring organizations, Event organizers and promoting organizations, beneficiary(ies) of the Event proceeds, property owners, law enforcement agencies, and public entities (collectively referred to as "Releasees"), from and against any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the Event.

By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby acknowledge and agree that said **AGREEMENT** extends to all acts, omissions, negligence, or other fault of the Releasees, and that said **AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This **RELEASE AND INDEMNIFICATION AGREEMENT** shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, and assigns.

THIS IS A LEGAL DOCUMENT - READ CAREFULLY BEFORE SIGNING BELOW

I have read and I understand the **RELEASE AND INDEMNIFICATION AGREEMENT** set forth above and agree that the terms are contractually binding. I agree that should I or any of my successors, representatives, heirs, executors, or assigns assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees and costs) incurred by the Releasees in defending the claims.

Date: _____ Rider's Signature: _____ **I am?: Single Op 2-Up Pass 2-Up**

PLEASE FILL OUT COMPLETELY:

Please complete the following information. This is considered personal information and will only be used for The Molly-Dharma Run. This information will never be sold, shared or distributed to anyone.

EVERYONE (Operators and Passengers): Identification and Contact Information:

I AM?: Operator Passenger =>> **If passenger, indicate Name of Operator:** _____

Name (please print): Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Other Number?: _____

E-mail (please PRINT): _____

Emergency Contact: Name (please print): _____

Phone number(s) during event: _____

**OPERATORS ONLY: PLEASE INITIAL HERE TO INDICATE THAT YOU HAVE A
VALID M/C ENDORSEMENT AND CURRENT MOTORCYCLE INSURANCE COVERAGE:** _____

Fee **\$20.00 / \$30.00** for Two-Up

Method of Payment:

Cash Check Credit Card

Ride Fee (s) Tot \$:	_____
Donation Amt. \$:	_____
Total Amount. \$:	_____

(Please make all checks payable to: **MDR** or Molly-Dharma Run, Inc.)

Optional: Please indicate how you heard about this event: Posted Flyer Molly-DharmaRun.org

Friend FaceBook Other (Specify): _____

Optional: Have you ridden in the MDR before?: YES NO Interested in volunteering for the MDR?: YES NO