Do Not Email this form… Complete and Bring it with you when joining the Ride!

NATIONAL VETERANS AWARENESS RIDE

2017

Last Name:_____ First Name:_____

Road Nickname:_____ City where joining the ride:_____

Street Address:_____ Apt. #_____

City:_____ State:_____ Zip:_____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Check ONE: Motorcycle Rider ____ Motorcycle Passenger ____ 4 Wheel ____ Other Participant____

Email address: PLEASE PRINT CLEARLY!! (indicate if it's a number 1 or letter l, a zero or letter o)

_____

Would you like to be placed on our NVAR email information list? Yes____ No____

Emergency Contact: Name:_____ Relationship:_____

Phone: (_____) _____ Alternate Phone: (_____)_____

Release of Liability

As a condition of my voluntary participation in the National Veterans Awareness Ride (NVAR) for myself and my heirs and assigns, I hereby release and discharge the National Veterans Awareness Organization, its volunteers and agents and any affiliated organizations and their respective officers, volunteers and agents from any and all claims, demands, damages or liabilities arising from injury to my person or property as the results of participating in the NVAR. I currently hold a valid drivers license with proper endorsement, and I have comprehensive motor vehicle liability insurance covering the vehicle that I will be operating during the NVAR.

Rider/Participant Signature _____ Date: _____

Emergency Medical Information and Bike Disposition Information is the responsibility of the individual and should be carried at all times on your person and on your bike.

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