

## RELEASE OF LIABILITY

(Please print)

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Road Nickname: \_\_\_\_\_

Motorcycle Club Member **YES / NO** Club Name & Chapter \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Additional Passenger Participant (2) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Would you like to receive emails from Texas Heart Strings email list for Concert/Event notification? YES / NO (Circle One)  
Info is not sold or shared.

### Release of Liability:

As a condition of my voluntary participation in Texas Heart Strings for myself and my heirs and assigns, I hereby release and discharge Texas Heart Strings, its Board of Directors, Officers, 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 result of participating in the THROTTLE FOR A CURE RIDE or other activity sponsored by Texas Heart Strings or its Board of Directors, Officers, Volunteers and Agents and any Affiliated Organizations and their respective Officers, Volunteers and Agents.

I currently hold a valid motorcycle drivers license with proper endorsement, and I have comprehensive motor vehicle liability insurance covering the vehicle, which I will be operating on the THROTTLE FOR A CURE RIDE.

Completion of this form with my signature is acknowledgment of my agreement to the conditions of this document.

Please sign here

Rider/Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Passenger/Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Medical Information and Bike Disposition Information, along with emergency contacts is the responsibility of the individual and should be always carried on your person and bike.