

AGREEMENT AND RELEASE OF LIABILITY



I, _____
(PRINT NAME), HEREBY ACKNOWLEDGE: that I have voluntarily applied to the Gold Wing Road Riders Association (hereinafter referred to as GWRRRA), for motorcycle and/or trike instruction, training and participation in motorcycle/trike riding at

Parking Lot Practice

CLASS NAME: TRC, ERC, TRAILERING

I AM AWARE THAT MOTORCYCLE/TRIKE INSTRUCTION AND RIDING ARE HAZARDOUS ACTIVITIES AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY, PROPERTY DAMAGE OR DEATH.

(PLEASE INITIAL HERE: _____)

AS LAWFUL CONSIDERATION, for being permitted by GWRRRA, to participate in these

activities and use the facilities at _____, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of or prosecute GWRRRA, or one of its affiliated organizations, employees, agents, officers, directors, shareholders, owners, successors, or assigns, or participants for injury, damages or death resulting from the negligence or other actions or inactions, howsoever caused by any of the above named or the facility where this activity is held, as a result of my participation in motorcycling/trike activities. In addition, I hereby release and discharge GWRRRA, and its affiliated organizations, employees, agents, officers, directors, shareholders, successors or assigns, and participants from all actions, claims or demands, I, my heirs, distributees, guardians, legal representatives, successors or assigns, now have or hereafter have for injury, property damage or death resulting from my participation in motorcycling/trike activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND GWRRRA AND /OR ITS AFFILIATED ORGANIZATIONS, EMPLOYEES, AGENTS, OFFICERS, OWNERS, DIRECTORS, SHAREHOLDERS, SUCCESSORS OR ASSIGNS AND SIGN IT OF MY OWN FREE WILL.

Dated:

Dated:

Witness:

Participant:

(Signature)

(Signature)

(Printed Name)

(Printed Name)