**RELEASE, WAIVER AND ASSUMPTION OF RISKS AGREEMENT**

I, 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 a motorcycle ride (“Ride”) to take place on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date), organized by Fellowship Hall, Inc., and for other valuable consideration, the receipt and adequacy of which are hereby acknowledged, hereby release and forever discharge Fellowship Hall, Inc., its officers, event sponsors, directors, employees, successors in interest, and agents (“Released Parties”) from any and all claims, demands, rights, and causes of action of any kind whatsoever, known or unknown, that I now have or may later have in any way resulting from, or arising out of, my participation in this Ride.

This release extends to any and all claims I have or may have against the Released Parties, including claims arising from negligence or strict liability on the part of any or all of the Released Parties concerning the conditions, qualifications, instructions, rules, or procedures under which the Ride is conducted, or from any other cause.

I fully understand the risk and dangers inherent in motorcycling and in this Ride, including property damage, physical injury, and even death. I understand that the Released Parties are not providing insurance to cover my person or property and that providing such insurance is my responsibility.

I am voluntarily participating in this Ride, and **I expressly agree to assume the entire risk of accident, property damage, personal injury, death, and personal liability that I might suffer as a result of my participation in the Ride**. I am participating in the Ride knowing of and assuming the risk of the existing weather conditions, road conditions, and other factors associated with this Ride. I have no medical, mental, emotional, or physical conditions that could interfere with my safe participation in the Ride.

I hereby agree to **indemnify and hold harmless** the Released Parties from any loss, liability, damage, or cost, including court costs and attorney’s fees, that might result from my participation in the Ride.

If I will be driving a motorcycle on the Ride, I hereby state that I am licensed to operate a motorcycle and that I have proof of liability insurance as required by the State of North Carolina. I further state that my motorcycle is properly registered, properly maintained, and street-legal.

**BY SIGNING THIS AGREEMENT, I CERTIFY THAT I HAVE READ IT IN ITS ENTIRETY THAT I FULLY UNDERSTAND IT, AND THAT I AM NOT RELYING ON ANY STATEMENTS OR REPRESENTATIONS OF ANYONE RELEASED BY THIS AGREEMENT. I AM SIGNING THIS AGREEMENT VOLUNTARILY AND WITHOUT DURESS.**

PRINT DRIVER’S NAME CLEARLY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DRIVER’S LICENSE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE PLATE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE COMPANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT PASSENGER’S NAME CLEARLY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASSENGER’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF PARTICIPANT IS A MINOR):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT PARENT/GUARDIAN NAME CLEARLY (IF PARTICIPANT IS A MINOR):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_