

IAFF 7TH DISTRICT BENEVOLENT MOTORCYCLE/POKER RIDE

RIDE START TIME: 10:00 AM SHARP (CHECK-IN AT 0900)

RIDE STARTING LOCATION: THREE RIVERS CONVENTION CENTER

RIDE ENDING LOCATION: COLUMBIA POINT GOLF COURSE

For more information or questions contact Steve Berg @ 425-327-4933 or smkmmberg@msn.com.

REGISTRATION FEES (All registration fees are non-refundable & benefit the IAFF 7th District Benevolent Fund):

Registration before 6/1/2018

T-shirt, Refreshments, complimentary raffle ticket & poker punch cards* included for each rider

Motorcycle Individual \$30.00 Shirt
Size: S M L XL XXL XXXL

Motorcycle Rider w/ Passenger \$35.00
Shirt size: S M L XL XXL XXXL
Shirt size: S M L XL XXL XXXL

Registration after 6/1/2018

Refreshments, complimentary raffle ticket & poker punch cards* included for each rider

Motorcycle Individual \$35.00

Motorcycle Rider w/ Passenger \$45.00

**T-shirts are not guaranteed for late registrations

Additional meals are available for purchase at Columbia Point Golf Course for \$15.00 each. (Please check the box if you would like a meal(s))

*Prize drawings begin at 6pm. Must be present to win. Prize passports must be stamped at each pit stop to be eligible.

JUNE 25, 2018

Waiver: In consideration of my entry in the IAFF 7th District Benevolent Motorcycle Ride, I hereby waive, release & discharge any and all claims for damages, injury and property damage, which I or my successors may have, or which may hereafter occur to me as a result of my participation in this event. This release is intended to discharge in advance the promoters, sponsors, and all municipalities and public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my participation in the event. I understand the risks involved in participating in such an event. I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned.

RIDER NAME (Must be 18 Years or Older): _____

Address: City: State: Zip _____

Telephone () _____ E-mail _____

Emergency Contact Name: Emergency Contact #: () _____

Signature of Rider: _____ Date _____

PASSENGER NAME: _____ E-mail _____

Emergency Contact Name: Emergency Contact #: () _____

Signature of Passenger: _____ Date _____

Please print and sign this form. Mail the completed registration form, with check (**made payable IAFF 7th District Benevolent Fund**) 6029 145th Drive NE, Lake Steven, WA 98258