



**North Cobb American Legion Post 304**  
4220 S. Main Street, Acworth, GA



## Release and Waiver of Liability & Indemnity Agreement

**Liability:** In consideration of the acceptance of the right to participate in the North Cobb American Legion Post 304 “Combating PTSD” Motorcycle Poker Run, entrants and passengers, by execution of this entry form the undersigned hereby released, waives discharges and covenants not to sue North Cobb American Legion Post 304, any and all Corporate Sponsors and their officers, directors, trustees, employees, agents, representatives, volunteers, servants and anyone else connected with the management or presentation of the “Combating PTSD” Motorcycle Poker Run, (hereinafter, the “RELEASED PARTIES”) of and from any and all known or unknown damages, injuries, losses and/or claims from any cause whatsoever that may be suffered by entrant and passenger to his person or property. Further, each entrant and passenger expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants and passengers or any participants assisting or cooperating with entrants and passengers and under the direction or control of entrants and passengers. I understand and agree that all “Combating PTSD” Motorcycle Poker Run entrants and passengers and their guests participate voluntarily and at their own risk in all activities connected with this event and I assume all risks of injury and damage arising out of the conduct of such activities. I understand that this means that I agree not to sue the “RELEASED PARTIES” for any injury or resulting damage to myself or my property arising from, or in connection with, said event. I understand that entrant and/or passenger must be 21 years of age to participate in the “Combating PTSD” Poker Run card game. By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the ‘RELEASED PARTIES.’”

**Insurance:** It is understood by the undersigned that all registered vehicles are expected and understood to carry motorcycle liability coverage within minimum limits as dictated by statutory limit in state of motorcycle registration. The Undersigned acknowledges and understands that no insurance is available for coverage to the Undersigned unless otherwise provided by private insurance obtained by the Undersigned.

Driver Signature: \_\_\_\_\_

Passenger Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### Registration

Mail to: North Cobb Post 304, PO Box 15, Kennesaw, GA 30156 or email to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Passenger: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Circle Entrants

Driver: \$20.00    Passenger: \$10.00    Amount Paid: \_\_\_\_\_    Check #: \_\_\_\_\_

### Motorcycle Info:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ CC: \_\_\_\_\_

Valid Driver's License: YES    NO    State: \_\_\_\_\_ Expires: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Proof of Insurance: YES    NO

### North Cobb American Legion Post 304 - Administrative Use Only

Paid Amount:	Date Paid:	Check#	Credit Card	Cash