



**GLACIAL RIDGE  
HOSPICE**  
heartfelt care®

**REGISTRATION FORM  
GLACIAL RIDGE HOSPICE MOTORCYCLE RIDE AND CAR RUN  
JUNE 15, 2024**

All ride participants must register by signing the event release below. To pre-register, please return this form to Glacial Ridge Hospice, 10 Fourth Ave SE, Glenwood, MN 56334. Call 320.634.2221 if you have questions.

**EVENT RELEASE AND INDEMNIFICATION FOR ADULTS**

**Name of Event(s)** Glacial Ridge Hospice Motorcycle Ride and Car Run      **Date:** June 15, 2024

**Location:** Glenwood City Park, Glenwood, MN

**INFORMATION FOR PARTICIPANTS**

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 "Ride," "Poker Run," "Rally," "Field Meet," or "Activity" (hereinafter EVENT(S) sponsored and/or conducted by Glacial Ridge Health System, the City of Glenwood, County of Pope, and their respective officers, directors, employees, and agents (hereinafter, the "RELEASED PARTIES") releases and holds harmless the "RELEASED PARTIES" from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the "RELEASED PARTIES" in any way resulting from, arising out of, or in connection with the performance of their sponsorship and my participation in any said (EVENT(S).

This release and indemnification agreement extends to any and all claims I have, or later may have, or others may have, caused by me, against the "RELEASED PARTIES" resulting from or arising out of their performance of the sponsorship duties whether or not such claims result from negligence (except willful neglect) on the part of any or all of the "RELEASED PARTIES" with respect to the EVENT(S) or with respect to the conditions, qualifications, instructions, rules or procedures under which the EVENT(S) are conducted or from any other cause. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING, OR CONDUCTING THE EVENTS. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS "RELEASED PARTIES" FROM ANY LOSS, LIABILITY, DAMAGES, OR COSTS THAT I MAY CAUSE TO OTHERS WHILE PARTICIPATING IN THE EVENT.

I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the EVENT(S). I expressly agree to assume the entire risk of any accidents or personal injury, including which I might sustain to my person and property as a result of my participating in the events and any negligence (except willful neglect) on the part of any or all of the "RELEASED PARTIES" in performing their EVENT(S) duties.

**WAIVER OF RIGHTS UNDER STATE STATUTES FOR ALL EVENT PARTICIPANTS**

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this release and indemnification agreement. 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".

**EVENT RELEASE AND INDEMNIFICATION AND CERTIFICATION OF INSURANCE**

**I have read and understand the release and indemnification information and I certify that I have personal vehicle/motorcycle liability, bodily injury and property damage insurance on my car, motorcycle and riders.**

PLEASE PRINT NAME AND ADDRESS CLEARLY.

\_\_\_\_ MOTORCYCLE                      \_\_\_\_ CAR

**RIDER/DRIVER NAME:**

**PASSENGER'S NAME(S):**

**FULL MAILING ADDRESS:**