



The George L. Day Memorial Foundation
Is honored to host the

“Fireman’s” Memorial Ride ~~ Poker Run
Benefitting Project Life Saver
May 13, 2017 ~~ Rain or Shine

PARTICIPANT REGISTRATION AND WAIVER

Last name: _____ First name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone:(____) _____ Cell phone:(____) _____

****We do NOT share any of your information. This is for our records only****

“I, the undersigned, hereby release and discharge the George L Day Memorial Foundation, Inc., Lyhurst Masonic Lodge, Indy Harley West, Danville Legion, Wayne Township Fire Department, Cornerstone Chiropractic, The Loose Caboose, the “Fireman’s” Memorial Ride, their officers, employees, agents, representatives, servants, volunteers, contributors or anyone else connected with the “Fireman’s” Memorial Ride from any and all known and unknown damages, injuries, losses, judgments, claims and/or lawsuits from any causes whatsoever that may be suffered by a participant or spectator to his/her person or property. I further acknowledge that I accept full responsibility for my safety and conduct, and the safety and conduct of any who may be participating as my guest or my passenger in this event. I realize that these are requirements for my participation in this event.”

Signed: _____ Date: _____ Shirt Size: _____

“I am participating as a passenger of the following participant:
_____, who has certified their compliance with requirements of the event via this waiver form. I will not be operating a motorcycle during this event, but am participating in this event as a passenger.”