

Waiver, Release of Liability and Indemnity

In Memory of Devin Nathaniel Marchal

The undersigned **HEREBY ASSUMES ALL RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT**, including by way of example but not limited to, any risks that may arise from negligence or carelessness on the part of the persons or entities being released and from dangerous or defective equipment or property owned, maintained, or controlled by them.

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical professional. I acknowledge participating in a motorcycle run is potentially a hazardous activity. I assume all risks associated with participating in this event.

I acknowledge the dangers and hazards with riding motorcycles and understand and accept that all activities related to the Event, including travel to and from the Event, could expose me to numerous and unanticipated risks which could result in personal injury, illness or death or could result in damage to my property and/or the property of others. These risks include, but are not limited to, risks caused by terrain, water conditions, weather, lack of hydration, and actions of participants, volunteers, spectators, unrelated third parties or the sponsors of this event. I hereby: (a) waive, release and hold harmless the sponsors, beneficiary organizations, Gary Marchal, Liz Marchal, their successors, assigns, transferees and heirs from any liability whatsoever, including but not limited to liability for my death, disability, personal injury, property damage, or property theft, as a result of my participation in the Event and related activities; and (b) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions while participating in the Event and related activities. I further promise not to sue the Organizers and Beneficiaries, their boards of directors, officers, members, employees, and/or volunteers and agree to pay all court costs and all reasonable attorney fees that result from my action, civil or otherwise.

I also give full permission for use of my name and photograph for use in connection with promoting this event for the benefit of the Marchal Family Education fund.

Any and all claims arising from or connected with this event shall be settled in Logan County, Ohio under the laws of the State of Ohio.

I CERTIFY THAT I HAVE READ THIS DOCUMENT. I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A WAIVER, RELEASE OF LIABILITY AND AN INDEMNITY CONTRACT. I SIGN IT OF MY OWN FREE WILL.

RIDER

Rider Signature: _____

Print Name: _____

Address: _____

Email: _____

Phone: _____

Emergency Contact Information

Name: _____

Emergency Contact Phone: _____

Type of Vehicle/Motorcycle: _____

License Plate Number: _____

PASSENGER

Passenger Signature: _____

Print Name: _____

Address: _____

Email: _____

Phone: _____

Emergency Contact Information

Name: _____

Emergency Contact Phone: _____