

8th Annual High Rollers Poker Run

Registration Form

Make Checks Payable To: The Caring Place

**Mail to:
C/O Jan
P.O. Box 97371
Las Vegas, Nevada 89193-7371**

Rider's Name: _____

Passenger's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Club/Organization Affiliation: _____

Pre-Registration _____ X \$20.00 Rider, _____ X \$10 Passenger = \$ _____

Registration _____ X \$25.00 Rider, _____ X \$15 Passenger = \$ _____

Waiver-Liability Release Form

In consideration of acceptance of the right to participate in this Ride, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against the High Rollers Riders Association and their officers, representatives, and members, as well as any other person or business connected with this ride, their heirs, executors, administrators, successors, and assigns for any and all injuries which I may suffer while taking part in this ride or as a result thereafter. Further each participant or spectator expressly agrees to indemnify and hold harmless all the foregoing entities, firms and persons for any and all liability occasioned or resulting from the conduct of any participant assisting or cooperating with myself as entrant.

By participating in this event, you agree to ride at your own risk, agree not to ride while impaired, and agree not to drive or ride a motorcycle while under the influence of consumed alcoholic beverages or drugs. For your safety and that of others use due care and caution during this event. Thank you

Rider's Signature: _____ Date: _____

Passenger's Signature: _____ Date: _____