

Last Mile Ride Motorcycle registration

Yes! I want to ride for end-of-life care.



RIDER INFORMATION

Name: _____

Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Club/Team name (if any): _____

T-shirt size Driver: _____ Passenger: _____

I'm riding in memory of (optional): _____

PAYMENT OPTIONS

Check enclosed

Make check payable to: Gifford's Last Mile Ride

Credit Card

I am collecting donations

... and will turn them in at registration

Amount enclosed: \$ _____ (*minimum \$50 per person or \$75 for driver & passenger*)

Credit card #: _____ Visa Mastercard

Expiration date: _____ CVV Code: _____ Amount to charge: _____

WAIVER

Release of liability: *The undersigned releases Gifford Medical Center, its employees and Last Mile volunteers, sponsors, vendors, entertainers and any others associated with this event from liability for any damage, injury or even death the undersigned may incur or cause while participating in this event. The undersigned is experienced in and familiar in the operation of motorcycles and fully understands the risks and dangers inherent in motorcycling, and agrees to assume responsibility for any resulting harm. This release applies to the undersigned, his or her heirs and other personal representatives, and is an agreement not to sue or file an insurance claim against Last Mile organizers and volunteers. Consent is also given to Gifford Medical Center to use the undersigned's name, image or words in future promotional materials.*

Rider signature: _____ Date: _____

Passenger signature: _____ Date: _____

Return this form to: Last Mile Ride, Gifford Medical Center, 44 South Main Street, Randolph, VT 05060

OFFICIAL USE ONLY

Date received: _____ Cash _____ Check # _____ T-shirt voucher _____

