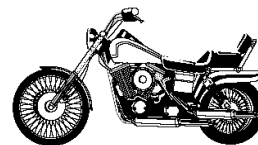


VFW Missouri Riders

Ride Form Rider Liability Release



MEMORIAL DAY MAY 28 – 31, 2010

I will be riding the full route: _____

I will be riding part of the way _____ (please attach separate form)

Rider's

Name: _____

(first)

(last)

Address: _____ **City/State/Zip** _____

Phone Number(s): _____ **E-mail** _____

Member of what Post or Auxiliary _____ **City** _____

Passenger on bike: _____

As a condition of my voluntary participation in the VFW MISSOURI RIDERS, and on behalf of myself and my heirs and assigns, I hereby release and discharge the Veterans of Foreign Wars of the United States, their officers, employees and agents and its affiliated organizations and their respective officers, employees and agents from any and all claims, demands, damages or liabilities arising from injuries to my person or property as the result of participating in the Ride.

I currently hold a valid drivers license with an endorsement to operate a motorcycle, and I have comprehensive motor vehicle liability insurance covering the vehicle, which I will be operating in the Rides.

I will abide by all laws relating to the ownership and operation of motorcycles in all applicable jurisdictions while participating in the Ride.

Rider's Signature _____ **Date** _____

Passenger's signature _____ **Date** _____

See you at the Memorial Day Ride May 28 -31, 2010

SEND THIS FORM TO: Ride Captain Roy Sherwood, #1 Big Bluff Court, St. Charles, MO 63304 or email to roy.sherwood@sbcglobal.net You may phone Roy at 636 447 6408 Cell phone is 314 440 4980 (please use cell number from 03/08/10 – 04/10/10.)

DO NOT SEND WITH DONATION FORM!