

Council Mountain Flag Day Run Registration Form

RIDER INFORMATION

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Registration Fee \$20 (RIDER)

PASSENGER INFORMATION (if any)

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Registration Fee \$15 (PASSENGER)

Total Amount \$ _____

T Shirt Size _____

T Shirt Size _____

EMAIL ADDRESS for Registration Confirmation: _____

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All participants, prior to participating in a dealer sponsored activity must sign this release form. Participation is voluntary; any party choosing not to sign will not be allowed to participate.

I agree that TMI Group, (DBA High Desert Harley-Davidson/Buell and Birds of Prey Harley-Davidson/Buell), their affiliates, owners, management, employees and agents, Harley-Davidson, Inc., Harley-Davidson Motor Company, the employees and agents, The American Legion Department of Idaho or any American Legion Post (hereinafter referred to as "RELEASED PARTIES") shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property during this ride or event, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all event participants, Dealership staff and their guests participate voluntarily and at their own risk in all activities and event(s). I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR DAMAGE TO MYSELF OR MY PROPERTY RESULTING FROM, OR IN CONNECTION WITH ANY OR HARELY DAVIDSON DEALERSHIP OR AMERICAN LEGION ACTIVITIES OR EVENT(S).

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits following from any state statute which would negate or limit the scope of this Release and Indemnification Agreement Including, but not limited to, Section 1542 of the California Civil Code. By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the "RELEASED PARTIES."

RIDER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (IF UNDER 18): _____ DATE: _____

PASSENGER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (IF UNDER 18): _____ DATE: _____

WITNESS: _____ DATE: _____

**Please mail Registration and Check to:
American Legion Post 72 PO Box 484, Council, ID 83612
FOR MORE INFO, Call 208-253-6132
Once your registration is received you will receive an email confirmation and registration number.**