

HOLLY HEILMAN CANCER FUND OF BERKS COUNTY
MOTORCYCLE ENDURANCE RIDE

Name of Event:

Holly Heilman Motorcycle Endurance Ride

Date:

July 31, 2010

In consideration of Holly Heilman Cancer Fund of Berks County permitting:

(me) (my child _____, who is under age 18), to participate in the above named event, I hereby, and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE**, that (I) (my child) may have against Holly Heilman Cancer Fund of Berks County, it's employees, officers, agents, assignees, licensees, volunteers and any cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event or any activities connected with the event. This release extends to any and all claims (I) (my child) have or may have against the Released Parties, whether such claims result from negligence on the part of any or all of the Released Parties with respect to the event and related activities are conducted, or from any other cause.

(I AM) (MYCHILD IS) EXPERIENCED AND FAMILIAR WITH THE OPERATION OF MOTORCYCLES AND FULLY UNDERSTAND THE RISKS AND DANGERS INHERENT IN MOTORCYCLING. (I am) (my child is) voluntarily participating in the event and I expressly agree to assume sole responsibility for the safe and successful operation of my motorcycle, and to accept the entire risk of any accidents or personal injury, including death, which (I) (my child) might suffer as a result of my participation in the event. I further understand that (I) (my child) assume(s) all risks in participating in the event. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event.

Consent also is hereby given to use (my) (my child) name, picture, portrait, likeness, writings or biographical information, and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my child) in any medium for editorial, educational, promotional, and or advertising purposes, for the solicitation of contributions, and/or for any other purpose in furtherance of the corporate purposes and objectives of Holly Heilman Cancer Fund of Berks County.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any of the Released Parties. This document shall be binding upon me, my (my child's) heirs, executors, administrators, and assigns and all legal guardians (of my child).

RIDER

Print Name of Rider

Signature of Rider

Date

Home Address, City, State & Zip Code

(Signature of Parent/Legal Guardian if Rider is under 18)*

PASSENGER

Print Name of Passenger

Signature of Passenger

Date

Home Address, City, State & Zip Code

(Signature of Parent/Legal Guardian if Passenger is Under 18)*

* I affirm that I am the parent/legal guardian of the above-named rider/passenger and that I have full authority to authorize his/her participation in the above-referenced Holly Heilman Cancer Fund of Berks County event.