



I.B.E.W. Local 102 Charity Bike Run & Cruise In

Registration Form



Rain Date: July 23, 2017

Participant Name _____
First Last

Passenger Name _____
First Last

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____ **Email** _____

If this registration is attached to an event Sponsorship, enter sponsor name: _____

Do you carry Liability Insurance on the motor vehicle you plan to drive/ride in the Event? **Yes No**

Motorcycle Car (1) T-Shirt with each Rider/Driver registration: **M L XL XXL XXXL** (circle one)

T-Shirt guaranteed only for cars & bikes who pre-register - First come first served for cars & bikes who register on the day of the event

Early Registration: Rider/Driver \$30 - Passenger \$15 Registration day of event: Rider/Driver \$35 - Passenger \$15

Checks made payable to: I.B.E.W. Local 102 Charity Run, 50 Parsippany Rd., Parsippany, NJ 07054

All net proceeds to benefit – St. Joseph’s Childrens Hospital

Release Form

(Read before signing)

I, the undersigned, recognize, agree and acknowledge that neither St. Joseph’s Children’s Hospital nor any of its officers, directors, trustees, employees, agents, fiduciaries, representatives or affiliates, is an organizer, planner, developer or operator of the I.B.E.W. Local 102 Motorcycle & Cruise In (the “Event”) and St. Joseph’s Children’s Hospital is not involved in any aspect of planning, organizing, developing or otherwise operating the Event and shall not be responsible, liable or obligated in any manner related to or in connection with the Event.

Insurance: I, the undersigned, understand and acknowledge that the motor vehicle to be operated (the “Motor Vehicle”) during the Event shall carry liability insurance coverage within the minimum limits as dictated by the statutory requirements in the state in which the Motor Vehicle is registered and that the Motor Vehicle is in good working order. I acknowledge and understand that I am solely responsible for obtaining the minimum motor vehicle liability insurance coverage and that no insurance is available for coverage to me unless otherwise provided by private insurance obtained by me. I acknowledge and understand that I shall be prohibited from participating in the Event for failure to obtain such minimum motor vehicle liability insurance coverage.

Licensure: I, the undersigned, understand that the party or individual listed as the “Participant” holds and will continue hold at the time of the Event a valid motor vehicle operator’s license for the type or class of Motor Vehicle to be operated during the Event.

Liability: In consideration of the acceptance of the right to participate, Participants and Passengers, by execution of this entry form, hereby release and discharge each of I.B.E.W. Local 102, I.B.E.W. Local 102 Holding Corp., I.B.E.W. Local 102 Charity Run, St. Joseph’s Children’s Hospital and any and all other sponsors and each of their respective officers, directors, trustees, employees, members, managers, agents, representatives, affiliates, volunteers, servants and anyone else connected with the management or presentation of the Event (hereinafter, the “Released Parties”) of and from any and all damages, injuries, losses or claims, whether known or unknown, from any cause whatsoever that may be suffered by any Participant or Passenger to his/her person or property. Further, each Participant and Passenger expressly agrees to indemnify, defend, and hold harmless each of the Released Parties from and against any and all claims, losses, injuries, damage and liability arising out of or resulting from the conduct of such Participant or such Passenger or any other persons assisting or cooperating with such Participant or such Passenger and under the direction or control of such Participant or such Passenger. I understand and agree that all Event Participants and Passengers and their respective guests participate voluntarily and at their own risk in all activities connected with the Event and I, as the Participant, assume all risk of bodily injury or property damage or other loss wholly or partly arising out of or related to the Event. I understand that it is my sole obligation to safely operate the Motor Vehicle in a safe, responsible manner, consistent with all applicable state and local traffic laws. I understand that this means that I agree not to sue the “Released Parties” for any bodily injury or property damage or other loss resulting to myself, any Passenger or my property or the Motor Vehicle arising from or related to the Event.

By signing this Release, I certify that I have read the entirety of this Release and fully understand it and that I am not relying on any statements or representations made by the “Released Parties”. I understand that my decision to sign this Release is fully voluntary and has been made with full knowledge of the consequences of this Release. I understand that compliance with and acceptance of the insurance, licensure and liability requirements set forth herein are a condition to my participation in the Event.

Participant Signature _____ **Date** _____

Passenger Signature _____ **Date** _____

(If applicable)

50 Parsippany Road Parsippany, NJ 07054 - Phone (973) 887-1718 - Fax (973) 887-1976

For more information contact: Dave Fiore - charity@ibewlocal102.org

Keep an eye on our website for updates or changes www.ibewlocal102.org