

# Take a Bite OUT OF LYME

## Registration Form

Sunday August 12th, 2018

Donation \$25.00 single rider / \$40.00 rider and passenger

*Registration: 9:00 to 11:00 am @ Colchester Fish and Game Club*

Ride starts 11:00 am

**This is a release: (Riders and passengers ride at their own risk).** I agree that all organizing/hosting/sponsoring parties and their respective officers, directors, employees and agents (hereinafter, the "released parties") shall not be liable for injury to me (including paralysis, dismemberment, or death) or damage to my property occurring prior to, during, or after the Take a Bite out of Lyme ride hosted event and resulting acts or omission occurring during the performance of the duties of the "released parties", even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that I and my guests participate voluntarily and at my/their own risk in this event and I assume all risks of injury and damage arising out of the conduct of this event. I release and hold the "released parties" harmless from any injury or loss to my person or property, which may result from my participation in this event. I understand that this means that I agree not to sue the "released parties" for any injury or resulting damage to myself or property arising, or in connection with, the performance of their duties in sponsoring, planning or conducting said event. I recognize that my image or likeness may be shown incidental to any live or recorded video or photography or any other reproduction in whole or in part of the event to which this receipt admits me and which may be broadcast or displayed and grant permission for same. Purchasing an admission of this receipt is my certification 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". As a driver I am licensed, registered and passenger insured.

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**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Phone Number (optional)** \_\_\_\_\_

**Passenger Name:** \_\_\_\_\_

**Passenger Signature:** \_\_\_\_\_