

Mail a copy of this form per person to:

Marine Corp League
P.O. Box 35068
Louisville, KY 40232

Make check or money order payable to Marine Corps League

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Must be postmarked/received by 5/15/11. No packets will be mailed. Each rider, passenger, & participant must have and wear an arm band to participate in the ride and deposit drop tickets.

Check/Circle ticket options below: All Costs Per Person

Option 1 - \$25 per person, Best Deal Donation: Includes map, numbered ride arm band & drop tickets for chances to win door prizes; includes FREE T-Shirt & Meal at end of ride.

** Preregistration Guarantees a T-Shirt*

T-Shirt size: S M L XL XXL XXXL

Option 2 - \$15 per person, Basic Donation Day of Ride: Includes map, ride arm band only.
(\$10 shirt & \$7 meal, sold separately)

WAIVER

1. Hereby acknowledges that there are risks of serious injury and property damage associated with participation in the MARINE CORPS LEAGUE UNITED VETERANS RALLY;
2. Herby releases, waives, discharges & covenants not to sue the Marine Corps League and all of their vendors, representatives, officers, members, ride organizers, volunteers of any damage, and of any claim or demand on account of injury to the person or property or resulting in death of the undersigned, arising out of or related to the EVENT, whether caused by negligence of the Releasees or otherwise;
3. Hereby assumes full responsibility for risk of bodily injury, death, or property damage arising out of or related to the EVENT whether caused by the negligence of Releasees or otherwise. I HAVE READ THIS RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME. I INTEND MY SIGNATURE TO BE A COMPLETE & UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signed: _____ Date _____

Parent/Guardian for those under 18 years old:

Signed: _____ Date _____