

ALR Texas State Rally

Pre-Registration Form

When –June 16-18, 2017

Where–American Legion Post 658, Crosby, TX Cost–\$35.00 Pre-Registration postmarked before 3/1/2017 Who–American Legion Riders members and families



A 2017 State Rally shirt, Patch, all events, entertainment, camping and Saturday Ride included with registration.

Name	Name		Name
Address	Address		Address
City	City		City
State Zip Code	State Zip Co	ode	State Zip Code
Phone #	Phone #		Phone #
E-Mail	E-Mail		E-Mail
Shirt Size:	Shirt Size:		Shirt Size:
If you are bringing an RV/Trailer please check box:			
Sponsoring ALR Post #		Send registration form and total payment to:	
# of Registrations	ALR State Rally C/O ALR PRESIDENT CHANCE HOOPER		
Total Amount of Registrations	PC	PO BOX 135	
	Cr	rosby, TX 77532	

More Info email Chance Hooper @ legionriders@legionpost658.org or call 832-276-4225

MOTORCYCLE ACCIDENT WAIVER, RELEASE OF ALL LIABILITY AND ASSIGNMENT OF CLAIMS

As consideration for being allowed to participate in the event(s) described below I agree:

1. I acknowledge that motorcycle activity is a potentially hazardous activity which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to organizers, participants, volunteers, spectators, agents, The American Legion and its officers, directors and employees. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating, viewing and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

I hereby certify that I have read this Waiver, Release and Assignment of Claims in its entirety. My signature below indicates that I fully understand it and agree to its contents. Anyone under the age of 18 years and younger must have a Parent/ guardian sign this wavier in agreement.

Full Signature (Signature indicates agreement to terms and conditions)	
Printed name:	Date:
Full Signature (Signature indicates agreement to terms and conditions)_	
Printed name:	Date:
Full Signature (Signature indicates agreement to terms and conditions)_	
Printed name:	Date: