



2019 EVENT RELEASE FORM

SATURDAY, APRIL 27, 2019

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in the "Officer Down Memorial Ride" (hereinafter, EVENTS) sponsored and/or conducted by the employees, officers, volunteers, sponsors, beneficiaries, and agents of The Officer Down Memorial Page, Inc., Quality Business Engineering (QBE), or the QBE Foundation, (hereinafter, the "RELEASED PARTIES") releases and holds harmless the "RELEASED PARTIES" from any and all claims and demands, rights, and causes of action of any kind whatsoever that I now have or later may have against the "RELEASED PARTIES" in any way resulting from, arising out of, or in connection with the performance of their duties and my participation in any said EVENTS.

This Release extends to any and all claims I have or later may have against the "RELEASED PARTIES" resulting from or arising out of their performance of their duties, whether or not such claims result from negligence (except willful neglect) on the part of any or all of the RELEASED PARTIES with respect to the EVENTS or with respect to the conditions, qualifications, instructions, rules, or procedures under which the EVENTS are conducted or from any other cause.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING, OR CONDUCTING THE EVENTS.

I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the EVENTS, and I expressly agree to assume the entire risk of any accidents or personal injury, including death, that I might sustain to my person and property as a result of my participation in the events, and any negligence (except willful neglect) on the part of any or all of the RELEASED PARTIES in performing their duties. I attest that I have valid motorcycle insurance (if operating a motorcycle) or automobile insurance (if operating an automobile). I further agree to waive all benefits flowing from any state statute that would negate or limit the scope of this release and Indemnification Agreement.

By signing this Release, I certify 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."

THIS IS A RELEASE OF LIABILITY - READ BEFORE SIGNING

RIDER INFORMATION

PRINT NAME

EMAIL ADDRESS*

ADDRESS

CITY/STATE/ZIP

SIGNATURE

PASSENGER INFORMATION

PRINT NAME

EMAIL ADDRESS*

ADDRESS

CITY/STATE/ZIP

SIGNATURE

*You will receive emails about today's ride and future rides