

# ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

EVENT DATE: September 10, 2022

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: **WARRIORS OF CHAOS VETERANS MOTORCYCLE CLUB** and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in paragraph A from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that **WARRIORS OF CHAOS VETERANS MOTORCYCLE CLUB** and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge this Accident Waiver and Release of Liability Form is between myself as a private individual (or on behalf of a minor to which I am parent or guardian) and the entities above-mentioned.

I acknowledge this Accident Waiver and Release of Liability Form does not address matters of interest to the public or the state.

I further acknowledge I am under no compulsion to participate in the above activity nor execute this Accident Waiver and Release of Liability Form.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

Releasor agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that if any portion of this Accident Waiver and Release of Liability Form is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Rider Printed Name

\_\_\_\_\_  
Passenger Printed Name

\_\_\_\_\_  
Rider Signature

\_\_\_\_\_  
Passenger Signature

\_\_\_\_\_  
Rider Date of Birth

\_\_\_\_\_  
Passenger Date of Birth

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

(If under 18 years old, Parent or Guardian must also sign.)