

## **American Legion Riders Post 239 Cascade MD Event Waiver/Disclaimer Form**

I, the undersigned, hereby release and agree to forever save and hold harmless, the American Legion, the American Legion Riders of Post 239 Cascade MD and all affiliated organizations, officers, directors, officials, representatives, agents and members of any or all of them and all participants, from all liability, loss, claims and/or damage, to any property, in any way resulting from or arising in connection with this organization, however caused and whether arising while engaged in competition, or in practice, or preparation therefore, or while upon, entering or departing from American Legion property and from any cause whatsoever, on the premises, on the road, or wherever located.

I know the potential risk and danger, to any property, and myself, or while participating in any event. I voluntarily, and in reliance upon my own judgment and ability, do hereby assume all risk for loss, damage, or injury to myself and damage to my property from any cause whatsoever. It is completely understood, by me, that there is no insurance coverage provided for me, and more specifically, that the American Legion, the American Legion Riders of Post 239 Cascade MD, and all affiliated organizations, carry no insurance of any kind. I further agree, while participating in any event, sponsored by the American Legion Riders of Post 239 Cascade MD, that I will maintain a current motorcycle driver's license, vehicle registration card and insurance card, as required by the Maryland Department of Transportation.

I also understand that my participation in this organization is strictly voluntary. Should I become in any way incapable of participating, I may be asked to discontinue, for my own safety, as well as that of the group. I further understand that this waiver/disclaimer will be in effect from the date and time I sign, and will remain in effect as long as I am a participating in or in attendance of this event. This agreement is binding on me, my heirs and/or their assigns.

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

Print: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

***In Case of an Emergency:*** Contact \_\_\_\_\_

Phone \_\_\_\_\_