

Lewis County ABATE
PO Box 245
Port Leyden, NY 13433

The Edge Hotel
3952 State Rte 12
Lyons Falls, NY 13368

“Taking Care of Our Own”

Motorcycle Benefit Ride
July 30 and 31, 2010

Name _____
Address _____
Phone _____ Email _____

Registration Fee is \$25.00 per person. Please make checks payable to **Lewis County ABATE**. Mail to:
The Edge Hotel, 3952 State Route 12, Lyons Falls, NY 13368.

Release of Liability

By signing below, I acknowledge that all activities sponsored by Lewis County ABATE and The Edge Hotel may be hazardous, and may result in loss, damage or death.

With full knowledge of these dangers, I hereby agree for myself, all of my family and heirs, to release the Lewis County ABATE, The Edge Hotel and any of its employees, members, trip leaders, chapters, groups, representatives or agents for liability, claims, demands or any causes of action and NOT TO SUE OR OTHERWISE MAKE ANY CLAIM against the Lewis County ABATE or The Edge Hotel or any of its chapters, groups representatives or agents whatsoever which may arise during my participation in any activities of the Lewis County ABATE or The Edge Hotel.

I intend this Release of Liability to be effective whether or not any loss, damage, injury or death results from negligence of the Lewis County ABATE or The Edge Hotel or any of its agents, leaders, instructors, guides, officers, directors, or representatives. I understand negligence means a failure to do an act which a reasonable careful person would do, or the doing of an act, which a reasonable careful person would not do, under the same or similar circumstances, to protect himself, herself, or others from injury or death.

I assume full responsibility for any personal injuries, including injuries resulting in death, which might occur as the result of negligence of lack of care of Lewis County ABATE or The Edge Hotel, its employees, members, chapters, trip leaders, groups, representatives or agents.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well being while participating in activities of the Lewis County ABATE and The Edge Hotel.

SIGNATURE _____ **DATE** _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW: I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE of behalf of the named minor, and give my consent to the participant of the above named minor in all activities of the Lewis County ABATE and The Edge Hotel on the terms stated.

SIGNATURE _____ **DATE** _____