

LEIGHTON'S GIFT

Third Annual "Leighton's Ride" - May 16, 2015

Our goal is to install and maintain web cams for all beds in the NICU at Texas Health Presbyterian Hospital of Plano in order to provide families with a secure view of their baby from their computer, smart phone, tablet, or other web-enabled devices. This project is completely funded by tax-deductible donations. Leighton's Gift, Inc. is a certified 501(c)(3) tax-exempt organization.

For pre-registration, please complete and email back to leightonsgift@gmail.com. Registration fees will be collected on the day of the event. For more information about Leighton's Gift, Inc. and/or Leighton's Ride, please visit www.leightonsgift.com.

Rider (\$30.00 per rider):

Name: _____

Riding Club: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Passenger (\$10.00 per passenger):

Name: _____

Riding Club: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Emergency Contact:

Name: _____

Phone Number: _____

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Safety is our primary concern and we require that all riders and their passengers observe all federal, state and local laws and ride safely with your headlight on at all times during Leighton's Gift Motorcycle Ride on **May 16, 2015** (the "Event"). I, the undersigned, acknowledge and agree that participating in a bike ride is a potentially hazardous activity. I understand that I should not participate unless I am medically able and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, and the effects of the weather and traffic, all such risks being known and appreciated by me. Having read this waiver, knowing these facts, and in consideration of your accepting my entry to participate in the Event, and intending to be legally bound, I do hereby for myself, my spouse, my heirs, my executors and administrators agree as follows:

1. **I hereby waive and forever release any and all rights and claims of any nature including, but not limited to, claims arising from or related to any type of negligence** that I may have against persons, entities and agencies involved with promoting and holding the Event including, but not limited to, Texas Health Resources, Texas Health Presbyterian Hospital Plano, sponsors, volunteers and vendors of the Event, their respective agents, successors, representatives and assigns ("Released Parties") that are related to or arise from my participation in the Event, even though that liability may arise out of negligence or carelessness on the part of one or more of the Released Parties. I agree to indemnify, defend, and hold the Released Parties harmless against all such injuries and damages that I may suffer as a result of or related to my participation in the Event. **I further agree not to sue any or all of the Released Parties** in connection with the Event.
2. I hereby assume all risk of personal injuries or death, and loss of or damage to property in my custody or possession, which shall in any manner arise from or be caused by my participation in the Event or any kind whatsoever, however it may occur or be caused.
3. I hereby agree for myself and/or for a minor under the age of eighteen for whom I am signing, to indemnify, defend, and hold the Released Parties harmless from and against any and all claims, liabilities, losses and damages, costs, expenses (including attorney's fees) judgments and penalties arising out of any of my, and or said minors, acts or omissions to act.
4. I acknowledge and agree that will be riding on public highways and that I am solely responsible to determine the speed and operational characteristics of my motorcycle. I carry motorcycle liability insurance as required by law. **I certify that I am duly licensed and competent to operate a motorcycle in a safe manner, that the motorcycle I will be riding or operating is in safe operating condition, and I fully understand the risks and dangers inherent in motorcycling.** I understand that the choice to wear a helmet or other protective gear is solely my own and that I am responsible for my compliance with all state laws, including those regarding helmets.
5. I consent to the use of my picture, portrait, or likeness in any medium for promotional and advertising purposes for the Leighton's Gift Motorcycle Ride, including future events, and I agree that no monetary or any other consideration will be given to me for such use of my likeness.
6. I understand that all entry fees are non-refundable.

By signing this document, I certify that I have read it, fully understand it, and that I am not relying on any statement or representation of any of the Released Parties other than those expressly included in this document.

Rider

Signature: _____

Print Name: _____

Date: _____

Passenger

Signature: _____

Print Name: _____

Date: _____