

# Bridges Poker & Motorcycle Run



## Registration Form

Driver's Name \_\_\_\_\_

Passenger's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Add me to the email list

Driver T-shirt size: AS AM AL AXL AXXL AXXXL Passenger T-shirt size: AS AM AL AXL AXXL AXXXL

Registration Fees (breakfast, t-shirt & swag bag included)

\_\_\_\_\_ \$25 per driver \_\_\_\_\_ \$15 per passenger \_\_\_\_\_ \$5 additional hand

TOTAL REGISTRATION ENCLOSED: \$ \_\_\_\_\_

**\*Note: Registration must be received by September 18<sup>th</sup> to guarantee t-shirt size.**

## Waiver

By signing this waiver, I acknowledge that I am fully aware of the danger(s) and hazard(s) associated with participating in a motorcycle ride. I certify that I am duly licensed and competent to operate a motorcycle in a safe and responsible manner, and the vehicle is in safe operational condition. I will be riding on public highways and understand that I am solely responsible to determine the speed and operational characteristics of my motorcycle while participating in the run. I hereby release and hold harmless Bridges Family Center and any of its staff, board of directors or volunteers, against any and all claims, causes of action, and/or any other liability of any kind arising from my participation and activity affiliated with this specific ride. I agree to hold harmless those establishments affiliated with this run, during this run, and accept full and sole responsibility for my own actions. I certify that I have no known physical or mental impairment that may affect my safety or the safety of other participants. I understand and acknowledge that the choice of wearing a helmet and/or other protective gear is solely my choice and I am responsible for my compliance with all state laws, including those regarding helmets. I certify that I am not under the influence of any narcotic, alcohol or other substance that may impair my understanding or judgment and that I will not at any time during this ride operate my motorcycle under the influence of any narcotic, alcohol or other substance that may impair me. I also understand that this Waiver and Release is in force from the date of signature through October 5, 2019 and covers any and all activities affiliated with Bridges Family Center and/or this run.

Driver's Name (Printed) \_\_\_\_\_

Driver's Signature and Date \_\_\_\_\_

**Make checks payable to Bridges Family Center. Mail form and check to:**

Bridges Family Center  
5374 N. Crossover Rd.  
Fayetteville, AR 72764

*\*Bridges Family Center is a nonprofit that serves families in transition. It is the **only** supervised visitation facility in NWA. Its mission is to provide a safe, confidential and professional space for supervised visits, safe exchanges, pre/post adoption meeting, & parenting courses. Bridges focuses on the child's wellbeing.*

