

PRE-REGISTERED

Please mail this form in by September 8th, 2009
MAIL TO: SBC Scholarship, 148 Hillside Rd, Southwick, MA 01077

MUST BE SIGNED PRIOR TO REGISTRATION

Mystery Ride Release and Indemnity Agreement - Vehicles

I hereby give up all my rights to sue or make any claim against Southwoods Printing, Signs & Magazine, Southwick Motocross 338, Village Pizza Plaza, Target Restoration, Mrs. Murphy's Donuts, Roma Restuarant, the Sarah Beth Caron Memorial Scholarship, sponsors and all other persons, participants, pre planned stops or organizations connected with this event for any injury to property or person I may suffer including but not limited to crippling injury or death, whether such injury arises while I am preparing for or participating in the event or while I am upon the event premises.

I know the risks of danger to myself and my property while participating and relying upon my own judgement and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

My motorcycle meets Massachusetts noise and registration requirements. **IMPORTANT: THIS IS NOT A RACE. BY SIGNING THIS YOU AGREE TO OBSERVE ALL SPEED LIMITS AND TRAFFIC REGULATIONS AND PRACTICE GOOD JUDGMENT WHILE PARTICIPATING IN THIS EVENT.**

I am 18 or older. My passenger(s), if any, is 18 or older. If not, make an "X" in this box and have a guardian sign below.

RIDER NAME (Print) _____ Signature _____

ADDRESS (Street, City, State & Zip) _____

Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$20**

PASSENGER NAME (Print) _____ Signature _____

ADDRESS (Street, City, State & Zip) _____

Under 18? YES NO Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$15**

GUARDIAN NAME (Print) _____ Signature _____ Date _____

PASSENGER NAME (Print) _____ Signature _____

ADDRESS (Street, City, State & Zip) _____

Under 18? YES NO Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$15**

GUARDIAN NAME (Print) _____ Signature _____ Date _____

For Confirmation Purposes

please give us your phone number or email address:

TOTAL ENCLOSED

| | | |
|---------------------|----------|-----------|
| FOR OFFICE USE ONLY | | |
| CK# | RECEIVED | CONFIRMED |

We are requesting your address so that we may compile a mailing list to notify all participant of upcoming events. Thank you!

PASSENGER NAME (Print) _____ Signature _____

ADDRESS (Street, City, State & Zip) _____

Under 18? YES NO Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$15**

GUARDIAN NAME (Print) _____ Signature _____ Date _____

PASSENGER NAME (Print) _____ Signature _____

ADDRESS (Street, City, State & Zip) _____

Under 18? YES NO Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$15**

GUARDIAN NAME (Print) _____ Signature _____ Date _____

PASSENGER NAME (Print) _____ Signature _____

ADDRESS (Street, City, State & Zip) _____

Under 18? YES NO Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$15**

GUARDIAN NAME (Print) _____ Signature _____ Date _____

PASSENGER NAME (Print) _____ Signature _____

ADDRESS (Street, City, State & Zip) _____

Under 18? YES NO Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$15**

GUARDIAN NAME (Print) _____ Signature _____ Date _____

PASSENGER NAME (Print) _____ Signature _____

ADDRESS (Street, City, State & Zip) _____

Under 18? YES NO Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$15**

GUARDIAN NAME (Print) _____ Signature _____ Date _____

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ADDRESS (Street, City, State & Zip) _____

Under 18? YES NO Did You Ride in the Mystery Ride Last Year? YES NO Date _____ **\$15**

GUARDIAN NAME (Print) _____ Signature _____ Date _____