

Blue Ribbon Motorcycle Ride

ROAD TO RECOVERY

Blue Ribbon Motorcycle Ride

P.O. Box 494 Liverpool 2170
Mobile: 0419 467 434
EMAIL: brmr@brmr.com.au
WEBSITE: www.brmr.com.au
Event Number: NSW-13-10

Riders Application Form

Please return this form to the registration table with your
Payment on the 6th April 2014 at Club Marconi

Rider's name _____
Address _____

Postcode _____
Email _____
Phone _____
Pillion's name _____

Payment Details

Rider \$15 Pillion \$10 Donation \$ _____ Total \$ _____

On the morning of the 6th April 2014 at the registration table you can pay by Cash
or bring your Cheques/money orders payable to Blue Ribbon Motorcycle Ride.

Important Acknowledgment - Rider & Pillion

I/We do hereby acknowledge that:

I am legally licensed to ride a motorcycle on a public road and the motorcycle I am riding is registered and roadworthy. I will not ride in a reckless or dangerous manner and will comply with traffic and road laws of NSW. I/we am/are being entered in the Blue Ribbon Motorcycle Ride entirely at my/our own risk. I/we do so in full knowledge that motorcycling is potentially dangerous and that any injuries I/we may sustain while participating in this Ride shall be my/our own responsibility even if they are a result of an omission or action by an official of the Blue Ribbon Motorcycle Ride or another of the participants in the Ride. I/we and my/our sponsor(s) hereby indemnify the Blue Ribbon Motorcycle Ride, the Prostate Cancer Foundation of Australia and all ride organisers, volunteers and parties associated with the Ride from all legal liability from events arising either directly or indirectly from the Ride. I/we make this agreement with all individuals associated with The Blue Ribbon Motorcycle Ride. I/we do not have any physical, mental or medical condition which may endanger me/us or anyone else attending the Ride.

I/we will not ride if I/we have consumed alcohol or other drugs.

Rider Signature _____

Pillion Signature _____

 Prostate Cancer
Foundation
of Australia