



1st Annual North Carolina Colon Furr Run Registration 5-6 October 2024

Cutoff date for registering 10 September 2024..

Cutoff date for T-shirts is 1 Sept 2024

Primary POC: Joe Osborne, gjoesborne@gmail.com (828) 446-5682

Secondary POC: Carol Barker, c130baby@gmail.com (336) 209-7934

Rider: Last _____ First _____

Passenger: Last _____ First _____

Address: _____

City: _____ ST _____ Zip _____

Phone (_____) _____ Post/Unit/Squadron/Chapter # _____

Email: _____

Emergency Contact Name: _____ Phone (_____) _____

Is this your First Colon Furr Ride: YES NO

About your bike: Make: _____ Model: _____ Miles per tank: _____

Fees: A: Rider \$30.00: \$ _____

Shirt Options:

B: Passenger \$20.00: \$ _____

Short Sleeve Size: _____

C: Support Vehicle: \$25:00 \$ _____

Long Sleeve Size: _____

D: SS T-shirt: \$20.00 \$ _____

Patch: W/ paid Registration

E: LS T-shirt \$25: \$ _____

F: Coin \$12.00 \$ _____

G: Donation \$ _____

H: Total \$ _____

I: Check # _____

Please make checks payable to American Legion Charities Memo Line: 2024 NC Colon furr Fund

Send Registration with Fees TO:

American Legion Dept of North Carolina C/O Colon
Furr Run 2024
PO Box 26657
Raleigh, NC 27611

Participant Accident Waiver/Release of Liability Form (RIDER/DRIVER)

1. I acknowledge that motorcycle activity is a potentially hazardous activity, which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, and spectators. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the **NORTH CAROLINA Colon Furr RUN**, hereafter referred to as the "event(s)". I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said event(s). I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel connected with the event(s). I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence. The engine displacement of my motorcycle is at least 750 cc, the minimum size allowed for participation.

3. In consideration of my being permitted to participate in the event(s), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the event(s) or during my traveling to and from the event(s), THE FOLLOWING ENTITIES OR PERSONS: The American Legion, the American Legion Department of North Carolina, its officers, sponsors, volunteers and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event(s). Accordingly, I do hereby release and discharge The American Legion, the American Legion Department of North Carolina, its officers, sponsors, and volunteers from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in the event(s). This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

5. I certify I will wear the personal protective equipment while operating my motorcycle at the event(s) that is or may be required by North Carolina and/or any state in which my participation occurs and that my motorcycle and all required personal protective equipment are in safe operational condition. I agree to abide by the directions/rules given by the organizers of the event(s) and understand that my privilege to ride may be removed without refund if I am in violation of the rules set forth or acting/performing in an unsafe manner, or any manner disruptive to the operation of the event(s).

6. Each rider and passenger must sign their own separate and individual Participant Accident Waiver/Release of Liability Form. There cannot be more than one signature per form.

RIDER/DRIVER NAME: _____ PHONE #: _____
(Please Print)

EMERGENCY CONTACT _____ PHONE #: _____
(Please Print)

SIGNATURE _____ DATE _____ 2020

Participant Accident Waiver/Release of Liability Form (PASSENGER)

1. I acknowledge that motorcycle activity is a potentially hazardous activity, which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, and spectators. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the **NORTH CAROLINA Colon Furr RUN**, hereafter referred to as the "event(s)". I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said event(s). I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel connected with the event(s). I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence. The engine displacement of my motorcycle is at least 750 cc, the minimum size allowed for participation.

3. In consideration of my being permitted to participate in the event(s), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the event(s) or during my traveling to and from the event(s), THE FOLLOWING ENTITIES OR PERSONS: The American Legion, the American Legion Department of North Carolina, its officers, sponsors, volunteers and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event(s). Accordingly, I do hereby release and discharge The American Legion, the American Legion Department of North Carolina, its officers, sponsors, and volunteers from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in the event(s). This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

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6. Each rider and passenger must sign their own separate and individual Participant Accident Waiver/Release of Liability Form before taking part in the event(s). There cannot be more than one signature per form.

PASSENGER NAME: _____ **PHONE #:** _____
(Please Print)

EMERGENCY CONTACT: _____ **PHONE #:** _____
(Please Print)

SIGNATURE: _____ **DATE** _____ **2020**

1st Annual NORTH CAROLINA COLON FURR
RUN 5-6 October 2024
EMERGENCY INFORMATION

RIDER/DRIVER

PASSENGER

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

DOB _____ SEX M ___ F ___

DOB _____ SEX M ___ F ___

Cell Phone (____) _____

Cell Phone (____) _____

In the event of an emergency, do you have any medical conditions or take any medications the First Responders should be aware of?

In the event of an emergency, do you have any medical conditions or take any medications the First Responders should be aware of?

Blood Type: _____

Blood Type: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

RIDER/DRIVER

PASSENGER

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE (____) _____

PHONE (____) _____

MEDICAL INSURANCE INFORMATION

RIDER

Rider

Primary Ins: _____

Primary Ins: _____

Account # _____

Account # _____

Phone # _____

Phone # _____

Secondary Ins: _____

Secondary Ins: _____

Account # _____

Account # _____

Phone # _____

Phone # _____