



2019 St. Jude Rides Waiver/Commitment Form

Name: _____ DOB: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone: Home: _____ Work: _____

Cell: _____ E-Mail: _____

Rider

Passenger

T-Shirt Size (circle one)	S	M	L	XL	2X	3X	4X	(Men's Sizes)	
	S	M	L	XL	2X			(Women's Sizes)	
Polo Size (circle one)	XS	S	M	L	XL	2X	3X	4X	(Men's Sizes)
	XS	S	M	L	XL	2X	3X	4X	(Women's Sizes)

I am riding with Satellite City Name _____. Year 2019 will be my _____ year on the St. Jude Ride.

WAIVER:

In signing this release, I, for myself, heirs, executors, administrators, and assigns, do hereby waive any and all claims

I may have for damages against ALSAC/St. Jude Children's Research Hospital in Memphis, TN, the St. Jude Midwest Affiliate in Peoria, IL, the sponsors, the cities in which I ride, and any other parties connected with this event. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically fit and able to participate in this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____ Date: _____

Model of Motorcycle: _____

License Plate Number: _____

Please check this box if you ride a tri-cycle.

Please check this box if you have a passenger.

*****No motorcycle trailers allowed on ride *****