



2020 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)

St. Jude Rides City Name _____. Year 2020 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 *******