



Wolf River Chapter of Shawano Wisconsin
Sponsored by Doc's Harley-Davidson, Bonduel, WI
2012 MDA Packerland Ride • June 2
Pledge Form and Ride Consent

For more information, call **Muscular Dystrophy Association** at (920) 499-4571,
 Doc's Harley-Davidson of Shawano County at (715) 758-9080 , or
 log on to www.PackerlandRide.org

Pledge Prizes

\$100-\$149	Ride Shirt, Special Edition	Prizes are not cumulative and are subject to change. Pledgegetters can choose from gift certificates from Doc's Harley-Davidson. Timeline Saloon, or Gas Card. Prizes awarded after receipt of paid pledges. Turn in all pledges the day of the ride. Make checks payable to MDA. Bring pledges to W2709 Hwy 29, Bonduel, WI Friday, June 1, 10:00 AM—6:00 PM or before the ride Saturday June 2. Minimum total pledge to participate in the ride is \$20 per rider.
\$150-\$249	\$15 gift certificate plus a ride shirt	
\$250-\$499	\$25 gift certificate plus a ride shirt	
\$500-\$749	\$50 gift certificate plus a ride shirt	
\$750-\$999	\$75 gift certificate plus a ride shirt	
\$1000-\$1499	\$100 gift certificate plus a ride shirt	
\$1500 or more	\$150 gift certificate plus a ride shirt	

MOTORCYCLE RIDE WAIVER, RELEASE AND CONSENT

SAFETY IS THE PRIMARY CONCERN OF THE MUSCULAR DYSTROPHY ASSOCIATION, INC. ("MDA®"), THE HARLEY-DAVIDSON® CORPORATION ("H-D") AND THE HARLEY OWNERS GROUP ("H.O.G."). PLEASE OBSERVE ALL FEDERAL, STATE AND LOCAL LAWS, AND RIDE SAFELY AND DEFENSIVELY. MDA, H-D AND H.O.G. REQUEST THAT YOU WEAR A HELMET, APPROPRIATE CLOTHING AND EYEWEAR, AND THAT YOUR PASSENGER DOES ALSO. IF YOU AND/OR YOUR PASSENGER CHOOSE TO RIDE WITHOUT A HELMET, YOU DO SO AT YOUR OWN RISK. PLEASE RIDE WITH YOUR HEADLIGHT ON AT ALL TIMES AND NEVER RIDE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

Name of Event: 2012 MDA Packerland Ride	Location: Doc's Harley-Davidson of Shawano County
Date: Saturday, June 2, 2012, Noon	W2709 Hwy 29, Bonduel, WI

In consideration of Muscular Dystrophy Association, Inc. (MDA) permitting (me) (my child, _____) who is under the age of 18) to participate in the above-named event, I hereby, and for (my) (my child's) heir, executors, administrators, assigns and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE**, that (I) (my child) may have against MDA, Northeast Wisconsin Technical College, Harley-Davidson, H.O.G, their directors, officers, employees, agents, chapters, assignees, licensees, volunteers, and any cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event or any activities connected with the event. This Release extends to any and all claims (I) (my child) have or may have against the Released Parties, whether such claims result from negligence on the part of any or all of the Released Parties with respect to the event or any related activities or with respect to the conditions (including but not limited to road, weather and traffic conditions), qualifications, instructions, rules, procedures and routes under which the event and related activities are conducted, or from any other cause.

(I AM) (MY CHILD IS) EXPERIENCED IN AND FAMILIAR WITH THE OPERATION OF MOTORCYCLES AND FULLY UNDERSTAND THE RISKS AND DANGERS INHERENT IN MOTORCYCLING. (I am) (My child is) voluntarily participating in the event and I expressly agree to assume sole responsibility for the safe and successful operation of my motorcycle, and to accept the entire risk of any accidents or personal injury, including death, which (I) (my child) might suffer as a result of my participation in this event. I further understand that (I) (my child) assume(s) all risks in participating in the event. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE** any or all of the Released Parties in connection with the event.

Consent is also hereby given to use (my) (my child's) name, picture, portrait, likeness, writings, or biographical information and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my child) in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and/or for any other purpose in furtherance of the corporate purposes and objectives of MDA.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representation of any of the Released Parties. This document shall be binding upon me, my (my child's) heirs, executors, administrators, assigns, and all legal guardians (of my child).

RIDER	PASSENGER
Print Name _____ of Rider	Print Name _____ of Passenger
Signature of Rider _____ Date _____	Signature of Passenger _____ Date _____
Address, City, State & Zip Code _____ Email _____	Address, City, State & Zip Code _____ Passenger Email _____
(Signature of Parent/Legal Guardian, if Rider is under 18)* _____	(Signature of Parent/Legal Guardian, if Rider is under 18)* _____

*I affirm that I am the parent/legal guardian of the above-named rider/passenger and that I have full authority to authorize his/her participation in the above-referenced MDA event.

2012 MDA Packerland Ride Pledge Form

LIST OF SPONSORS *(please print)* Turn in all pledges before the ride. Make checks payable to MDA.

Name	Address, City, State	Zip	Donation	Paid?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Make checks payable to: **MDA**
All payments due before June 2, 2012.

Total Donations Raised..... \$
