

# MOTORCYCLE SKILLS REGISTRATION FORM - July 6-8, 2017

Willowbrook Mall, Rte. 46, Wayne, NJ, 07470

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Please complete, used only for event notifications.  
\_\_\_\_\_

Club/PD/Company Name \_\_\_\_\_ Location \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

My Bike is a: \_\_\_\_\_

PLEASE SELECT DIVISION:

UNIFORMED Motor Officer

CIVILIAN

RETIRED Motor Officer

Comments: \_\_\_\_\_

Novice

Expert

Master

Novice

Expert

Expert

Master

Civilians must attend July 6 or 7 practice and have proof of MSF Advanced Rider Course.

Uniformed Officers will be present at all practice/preliminary sessions.

Advancement to Final Competition on July 8th will be at the discretion of event managers.

## LICENSE & INSURANCE INFORMATION

ATTENTION PARTICIPANTS: Please read the following information and provide your signature below.

In consideration of participating in the NJ Law Enforcement Motorcycle Training/Skills Competition ("Activity"), I represent that I understand the nature of motorcycle skills competition events and that I am age 18 or over, am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that motorcycle skills competition events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics New Jersey, Inc. its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including auto claims (physical damage, liability or otherwise) and negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

NOTE: By my participation in this event I am granting permission to you to use my name, likeness, voice, and words in television, radio, films, newspapers, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purpose and activities of Special Olympics New Jersey in appealing for funds to support such activities.

**Signature Required**

PRINTED NAME OF PARTICIPANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Age

MUST SHOW THE FOLLOWING AT CHECK-IN:  DRIVER'S LICENSE  PROOF OF VEHICLE INSURANCE

## PRIZE FOR THE HIGHEST FUNDRAISER

Friday Night Competitor's BBQ  Yes  No

**Skills Participation Fee \$ 60**

Saturday Night Awards Banquet  Yes  No

**Skills Participant @ \$10** \_\_\_\_\_

**Guest (s) at Banquet @ \$25** \_\_\_\_\_

ADDITIONAL DONATION \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Enclosed is Check # \_\_\_\_\_

PAYABLE TO: Special Olympics New Jersey

To benefit: **Special Olympics**  
New Jersey



Sponsored by:



WILLOWBROOK



Paterson Police Department



ROCHELLE PARK, NJ

Please mail this form by July 1 with payment:

Tom Johnson

4 Dunkerley Lane

N. Haledon, NJ 07508

Questions: tjohn710@yahoo.com