



**WHITE MOUNTAIN VETERAN TRIBUTE AIR EVENT AND FESTIVAL
MOTORCYCLE RALLY FUNDRAISER FOR WALKING DOWN RANCH
LIABILITY WAIVER AND RELEASE
September 3 – 5, 2021**

I understand and agree that as a participant of the Fundraiser no organizational host group, including Walking Down Ranch, Inc., E.A.A. or any other group that may become known in the future, accept any responsibility or liability for my safety or that of my passenger while participating in the event to be held at Show Low Airport. Participation in the fundraiser is voluntary and the host organizations make no warranty of my ability to participate and are not responsible for an assessment of my abilities, the condition of my vehicle, the route, the facilities, or any circumstances.

I further understand and agree I assume all risks of drone and my property, and that I, the undersigned, give this release for myself, my heirs, successors, and representatives. I agree to release and hold harmless Walking Down Ranch, Inc. and all organizations affiliated with this event including Showlow Municipal Airport and all of its members, owners, officers, staff, volunteers, agents, and representatives from any liability, loss, damage, cost, claims, lawsuits, and for causes of action including but not limited to all bodily injuries, including death, and property damage arising from any aspect of my attending and participating in any portion of the event of which I am enrolling at my own free will.

Registration fee of \$40 per day includes all fees to compete. The daily winner of each class will receive prize monies of : \$100 first place, \$75. second place and \$50 third place.

Drivers Name _____

Driver Address _____

Signature _____ Date _____

Passenger Name _____

Passenger Address _____

Signature _____ Date _____

Date _____ Time _____



INCIDENT REPORT

Patient _____ Age _____

Male _____ Female _____ Juvenile _____

Medical Information

Primary Care Doctor _____ Phone _____

Parent: Mother _____ Phone _____

Parent: Father _____ Phone _____

Guardian

Emergency Contact Name _____

Emergency Contact Phone _____

Injury

Treatment

Administrator of treatment

Name _____

Phone _____