

Touchstone Energy[®] Cooperative
Motorcycle Charity Run 2006
Pre-Registration Form

Rider _____ Co-Rider _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

Email Address _____

Member of (Club, Organization, District, Chapter) _____

(Check one) East Leg—Danville West Leg—Bowling Green

Number of Miles ridden to start _____ (for Longest Distance Award)

Make, Model, & Year of Bike _____

Costs: Rider - \$10.00, Co-Rider - \$5.00

RELEASE

I hereby release and agree to hold harmless Big Rivers Electric Corporation, Big Sandy RECC, Blue Grass Energy Cooperative, Clark Energy Cooperative, Cumberland Valley Electric, East Kentucky Power Cooperative, Farmers RECC, Fleming- Mason Energy Cooperative, Grayson RECC, Hickman-Fulton Counties RECC, Inter-County Energy Cooperative, Jackson Energy Cooperative, Jackson Purchase Energy Corporation, Kenegy Corporation, Licking Valley RECC, Meade County RECC, Nolin RECC, Owen Electric Cooperative, Pennyrile RECC, Salt River Electric Cooperative Corporation, Shelby Energy Cooperative, South Kentucky RECC, Taylor County RECC, Tri-County EMC, Warren RECC, West Kentucky RECC, Kentucky Association of Electric Cooperatives, Rural Cooperative Credit Union, United Utility Supply Cooperative, National Rural Electric Cooperative Association, Touchstone Energy[®], and WHAS Crusade for Children, the promoters, owners, and leasees of the premises, the participants, the officers, the directors, representatives, agents, volunteers, and employees of them all, of any and all liability, loss, claims, and demands, that may occur from any loss, damage, or injury (including death to my person or property) in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or practice or preparation therefore, or while upon entering or departing from said premises, from any cause whatsoever. I know and accept the risk and danger to myself and my property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, and I hereby assume all risks for loss, damage, injury (including death to myself or my property) from any cause whatsoever.

Signatures:

Date _____

Rider _____ Co-Rider _____

Please make checks payable to Crusade for Children.
Mail this form and registration fee by Friday, August 18 to:
Frank Owen Brockman
Farmers RECC
PO Box 1298
Glasgow KY 42142-1298

FOR REGISTRAR'S USE ONLY

Registration Fee Paid _____ Check # _____ Cash _____

Date _____ Volunteer's Initials _____