

# Trailing For Triumph Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **In Case of Emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What size t-shirt do you wear (circle one): SM M L XL XXL

**I Am A Survivor.** Please check if you are a survivor

How many years have you participated in this event (including this one)? \_\_\_\_\_

In volunteering to participate in this event, I hereby agree that this activity is and shall be at my own risk against all casualties to myself or my properties and that I take all risk of every kind, no matter how caused and I hereby release and discharge Trailing For Triumph Foundation and any associated service clubs, participating dealers, and sponsors, and indemnify them of and from all actions, claims and demands of every nature and kind whatsoever which I, or my heirs, executors, administrators or assigns, may now or can at anytime hereafter have against the said sponsors of this event for or an account of any loss, damage or injury to my person or property while so participating in this event whether any such loss, damage or injuries which maybe caused by negligence, default or misconduct of the sponsor of this event, themselves, servants, agents or members or otherwise whosoever.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Total Funds Enclosed \_\_\_\_\_

**Participants under the age of 18,** must have this form countersigned by a parent or guardian. As a parent and/or legal guardian of the above, I hereby give permission for the above named to participate in this event on the basis of the conditions set forth in the above waiver.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please return this signed form with your \$50.00 non-refundable deposit by September 10, 2015 to:  
Trailing For Triumph, 340 Vogel St., Boyne City, MI 49712