

# Rotary Polio Moto

D5930 Road Ride  
March 24-25, 2018



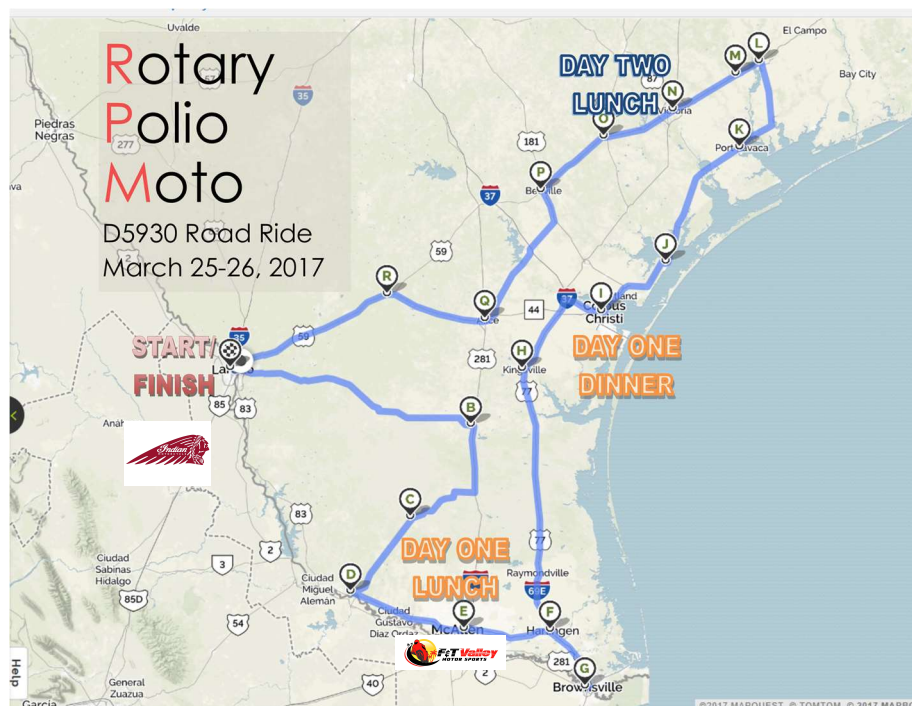
## Fundraiser & Fellowship Motorcycle Ride through Rotary District 5930 to end polio now

Rotarians and others from District 5930 will ride over 800 miles on **March 24-25** to raise money for Rotary's fight against polio. **Fee for Participation is \$26.50** per participant, rider, or passenger. This year ½ of the proceeds will go to Hurricane Harvey Relief in our Rotary District.

The ride will start at the Indian of Laredo located at 6420 Sinatra Parkway, Laredo, Texas 78041 and starts promptly at 7:30 a.m. Lunch will take place at F & T Valley Motor Sports in Pharr located at 1007 East Expressway 83, Pharr, TX 78577. Day One will end at the Best Western Northwest Corpus Christi Inn & Suites located at 3838 U. S. Highway 77; Corpus Christi, TX 78410 ([361-241-6363](http://361-241-6363)). Corpus Christi starts Day Two, with lunch in Victoria Riverside Park on Memorial Dr. at the Lions/Riverside Pavilion, ending at the Indian of Laredo located at 6420 Sinatra Parkway, Laredo, Texas 78041.

For info on accommodations in Corpus Christi and more general info go to

<http://www.rotarypoliomoto.org>



Make Checks Payable to: DISTRICT 5930 - RPM

Mail your checks to: Rotary Polio Moto Ride C/O Joseph Michael Dickerson at 2 Lindenwood Dr., Laredo, Texas 78045  
Questions, Call 956-791-5422 or email [jmd@dickersonlaw.com](mailto:jmd@dickersonlaw.com)

# ROTARY POLIO MOTO

## MOTORCYCLE RIDE RELEASE FORM

I, the undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in Rotary Polio Moto Ride, a charitable motorcycle ride (hereinafter, EVENT) sponsored and conducted by Rotary District 5930 including their individual Rotary Clubs and their respective officers, directors, employees and agents (hereinafter, the Released Parties), hereby release and hold harmless the Released Parties from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the Release Parties in any way resulting from, arising out of or in connection with the performance of their organizational duties and my participation in said Event.

This Release extends to any and all claims I have or later may have against the Release Parties resulting from or arising out of the Release Parties' performance of their organizational duties whether or not such claims result from negligence (except willful neglect) on the part of any or all of the Release Parties with respect to the Event or with respect to the conditions, qualifications, instructions, rules or procedures under which the Event is conducted or from any other cause. I UNDERSTAND THAT THIS MEANS I AGREE NOT TO SUE ANY OR ALL OF THE RELEASED PARTIES FOR ANY INJURY RESULTING TO MYSELF OR TO MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR ORGANIZATIONAL DUTIES IN SPONSORING, PLANNING OR CONDUCTING THE EVENT.

I am a licensed, experienced motorcycle operator, familiar with the operation of motorcycles, group riding and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the Event and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the Event, and any negligence (except willful neglect) on the part of any or all the Released Parties in performing their duties during the Event.

I expressly agree that this Release is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statement or representations made by the Released Parties regarding this Event.

RIDER

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

PASSENGER

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

