

Renner ATV Riders Waiver Form

CHAPTER RIDE OR EVENT RELEASE OF CLAIMS AND INDEMNIFICATION

GENERAL PLEASE READ CAREFULLY

I, the undersigned, hereby represent and certify that I am at least 18 years of age, and if I will be an operator, I also certify that I possess a valid license issued by the State of that authorizes me to operate the specific type of vehicle I intend to use on the Chapter ride or event in which I will be participating. I understand that the improper operation or use of vehicles, such as failure to observe and obey all traffic rules may pose a risk of serious injury to myself and others. Although I am aware of the possible risks incident to operating such vehicles, I am voluntarily requesting the opportunity to participate in the Chapter ride or event.

I desire to participate in the Chapter ride or event of my own volition and choice. I expressly agree to assume the entire risk of any and all accidents or personal injury, including death, which I might suffer during my participation in the Chapter ride or event. I participate in the ride or event knowing the existing weather conditions, road conditions, and other conditions and factors which might affect this ride. I understand that I must wear the required protective riding apparel while participating in a ride. The minimum required apparel is: a DOT-approved safety helmet with chin strap fastened; eye protection, in the form of glasses, helmet face shield or goggles; gloves; long-sleeved shirt or sturdy jacket; over the ankle footwear and long pants or trousers. I understand that if I fail to comply with these minimum protective clothing requirements of the Chapter ride or event, I will assume responsibility for any injury caused by the lack of that protective riding apparel. I also understand that I am prohibited from operating any vehicle while under the influence of alcohol or any substance which affects the ability to operate or control the vehicle.

For and in consideration of the opportunity to participate in the Chapter ride or event, on behalf of myself, my heirs, personal representatives, successors and assigns, I give the following releases and agreement not to sue:

I DO HEREBY RELEASE, AGREE NOT TO SUE, and to hold harmless and indemnify Renner Equipment Co. and each and all of their related companies, officers, directors, and employees, from any and all claims, demands, causes of action or liability of any kind, including any litigation expenses, attorney fees or costs incurred for injury, damages or death which I may now or in the future have, known or unknown, or cause to happen to a third party, which in any way results from or arises out of or during the course of my participation in the Chapter ride or event, whether caused by the negligence of Renner Equipment Co. or otherwise.

This agreement not to sue and Release extends to any and all claims I may have, or with respect to conditions, qualifications, instructions, rules or procedures under which the Chapter ride or event is conducted, or from any other cause. However, I do not release any party from intentional misconduct.

I FURTHER ACKNOWLEDGE that no group or individual medical coverage is provided to me by virtue of my participation in this ride, and I specifically acknowledge that there is no entitlement to the benefits of Renner Equipment Co. worker's compensation.

I CERTIFY THAT I HAVE READ THIS RELEASE AND FULLY UNDERSTAND IT AND THAT IT IS A RELEASE OF LIABILITY. I AM NOT RELYING ON ANY STATEMENTS OR REPRESENTATIONS OF ANY PARTY RELEASED HEREBY.

THIS IS A LEGAL DOCUMENT — PLEASE PRINT — IT MUST BE LEGIBLE AND COMPLETE OR PARTICIPATION MAY BE DENIED.

OPERATORS' OR PARTICIPANT'S DRIVERS LICENSE NUMBER Not Required			CHAPTER NOTES (IF ANY)
LAST NAME	MIDDLE INITIAL	FIRST NAME	
ADDRESS (PLEASE BE COMPLETE, INCLUDING ANY APARTMENT OR UNIT NUMBER)			
CITY	STATE	ZIP CODE	
DAY TIME TELEPHONE NUMBER INCLUDING AREA CODE	NIGHT TIME TELEPHONE NUMBER INCLUDING AREA CODE		
PARTICIPANT'S OR RIDER'S SIGNATURE	DATE THIS FORM SIGNED BY PARTICIPANT		