

SONS OF THE DESERT NO. 3
1ST ANNUAL MOTORCYCLE DIABETES RUN
REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE # _____

E-MAIL _____

GUESTS' _____

ORGANIZATION/CLUB:

LOCATION: _____

**PLEASE ENCLOSE MONEY ORDER OR CHECK IN THE AMOUNT OF \$25.00
PAYABLE TO:**

SONS OF THE DESERT NO. 3 PO BOX 6219 PLAINFIELD, NJ

DISCLAIMER:

I acknowledge and assume all risks associated with this event including, without limitation, falls, effects of the weather, including heat humidity, traffic road and ground conditions. I have read and fully understand this waiver and in consideration of the acceptance of my entry, for myself and anyone legally acting on my behalf, I waive and release the American Diabetes Association, Inc. and Golconda Temple 24, Sons of The Desert No. 3 and its employees, directors, officers, volunteers, agents, successors and assigns, from any and all claims. liabilities or causes of action, including without limitation, death bodily injury, property damage or any other loss, damage or any inconvenience whatsoever, arising from my participation in this event. Further I grant full permission to the ADA to use photographs. videos and other types of recordings of me in advertising, trade or any commercial purpose in the legitimate accounts and promotions of this event. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the images.

Thanks so much for your support and I look forward to working with you to plan a fantastic event!

Sons of the Desert No. 3
Donnell R. Bailey Sr. President

RAIN DATE: AUGUST 8, 2010

SIGNATURE: _____ **DATE:** _____