



Debbie Gabel Memorial Cancer Ride

PLEASE PRINT ALL INFORMATION

Please check if you are a new rider

PILOT: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

PHONE: _____

EMAIL: _____

By signing this form, you hereby agree to comply with the ideals governing this ride. You further agree to hold harmless the Thundering Saints Inc., co-sponsoring organizations, and any property owner or owners for any loss of injury to self or property in which you may become involved by reason of participation in this ride. You also agree to assume responsibility for any property which you knowingly damage.

Pilot Signature

Date

PLEASE PRINT ALL INFORMATION

Please check if you are a new rider

CO-PILOT: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

PHONE: _____

EMAIL: _____

Co-Pilot Signature

Date